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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick MARYLAND hours after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) months Myersville Frederick = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Montevue County Home executed within completely pou 3. NAME OF First Middle Last 4. DATE Month DECEASED March STELLA BITTILE खं. (Type or print) MAY DEATH 8. DATE OF BIRTH AGE (In years IF UNOER 1 YEAR IF UNOER 24 HRS last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE and cor 7. MARRIED NEVER MARRIED White Female WIOOWEO T DIVORCEO [ Dec. physician and please to vat, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of working life, even if retired) 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done in the control of the control o 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be Frederick Co. Md. House wife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа Louise Grossnickle Levi Brandenburg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Frederick. 16. SOCIAL SECURITY NO. the attend 5 (Yes, no, or unkown) (If yes give war or dates of service) Bittle, Route #4 Maryland. -26-816 Ralph E. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), transi PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) <u>8</u> 8 DUE TO been sig the buri Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior 1 underlying cause last. (c) FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate the hospital or 208. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After p.m. at work at work retained o 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at-2 22b. 22a. SIGNATURE STAFF M.D. OIRECTOR !.. PHYS. may 60 PHYS PLAN'S 22d. ADDRESS FUNERAL director, p NAME (Type) Frederick eRoy Davis BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. **OATE THEREOF** Grossnickle Cemetery Frederick Co. Maryland. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR Company, Middletown, Maryland VR AI5 (4) 20M 1/65

Frederick

e. IS RESIDENCE

19

YES

J.S.A.

INTERVAL BETWEEN

ONSET AND CEATH

X days

WAS AUTOPSY

PERFORMEO?

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(State)

YES T

(County)

DATE SIGNED

Day

COUNTRY?

12.

ON A FARM?

NO

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H HH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03572

CERTIFICATE OF DEATH

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	0000				11.53.01(3)/0				
	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if instit					
	a. COUNTY	Frederick	MARYLAND	o. STATE Maryland b. Co	Frederick				
	b. CITY OR TOWN (IF	autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write I	RURAL and give nearest town)				
. (	Write KUKAL ONG	give nearest tawn) Frederick	years	Frederick	10-1				
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in hasp	ital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Fred	lerick Memorial	Hespital	415 W. South St.	YES NO X				
3.	NAME OF DECEASED	First	Middle	OF	anth Day Year				
	(Type ar print)	Flerence		andenourg DEATH IN	larch 6— 19 67				
S.	SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.				
	Female	White WIDO		March 7- 1901 65 yrs.					
100	. USUAL OCCUPATION (	(Give kind of work done	Ob. KIND OF BUSINESS OR	MINISTRY COLLETPY?					
uur	ing mast of warking li	aker	INDUSTRI	Frederick County- Me	L. U.S.A.				
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	George W			Anna Howard					
15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?			dress				
(11	No.	If yes give war ar dates of service)	220- 09-2021 Mr	s. Louise Williams- Rout	e 5-Frederick, Md.				
		ATH (Enter anly one couse per lin		. 11 1. (1 4	INTERVAL BETWEEN ONSET AND DEATH				
	PARE I. DEATE	1 WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMIA CH	ed Hypatic tailurs	ONSCI AND DEATH				
	5811 DUE TO								
	Conditions, if any, rise to immediate	which gave ) (b)	HEPATOREMAL	SYNDROME					
	stating the underlying cause Dut to								
	last.	, 101							
×	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?				
SATIO	Hypo		pogly uma		YES X NO				
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING D	UNDERLYING  20	6. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)					
190 1	(IF EITHER, NOTIFY N								
MEDICAL	20c. TIME OF INJUR	at Internal and North		CE OF INJURY (Home, form, 20f. (City or town) ary, street, affice bldg., etc.)	(Caunty) (State)				
W.	p.m.		twark U atwark U						
			ttended the deceased fram_	3/1/67 , 19 , to 3/6/	(, 19, that (I) (we) last				
		21. I certify that (I) (this haspital) attended the deceased fram 3/1/62 , 19 , ta 3/6/6) , 19 , that (I) (we) last saw the deceased alive an 3/6/6) 19 , and that death accurred at 200 M, fram causes and an the date stated above.							
	22a. SIGNATURE	G + D		ATTENOING MED. STAFF	22b. DATE SIGNED				
	Cl. Clustin (teaml. ). MD.			D. PHYS. M DIRECTOR I PHYS. I 3/6/6/					
	22c. PHYSICIAN'S NAME (Type)	A.Austin Pear	re-Jr	22d. ADORESS 804 Toll House Ave	Frederick. Md.				
230	REMOVAL (Specify)		23c. NAME OF CEMETERY OR						
0.		March 9-19	67 Rocky Spring	S Cemetery W. OI Free  2Su. REC'D BY REGISTRAR 2Sb.	erick, Md.21701				
2	4. PUNERAL DIRECTUR	M.R.Etchison &	Son Frederick,	Md. DATE MAR 7. 1967	REGISTANTS SIGNATURE Judge				
	CIChi	100 So Olceroon	1. Wellmin	DATE MAK 1 1301	1) /				

ADORESS Frederick

MAR 7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then prease temove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, ar remayar, and any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

a<sub>1</sub> - L 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) p. COUNTY o. STATE b. COUNTY 野谷等冷雨景声影音音 Frederick MARYLAND Frederick Maryland delay and 3 and 2 with the State Department b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) PM3. write RURAL and give nearest town) Life New Market New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form 00 NO X New Market P.O. Md Item 18. Give Pages New Market P.O. This certificate should be executed within 24 haurs after death. Middle 3. NAME OF 4. DATE Month Year DECEASED 19 67 (Type or print) Brightful DEATH Thomas March IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 70 yrs. Months Dovs Hours after death. WIDOWED DIVORCED 6-15-1896 Female Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY E Canning Factory U.S.A. \$\$#\$\$#\$\$#\$\$#\$\$#\$\$#\$ Maryland 14. MOTHER'S MAIDEN NAME pencil haurs should be farwarded to the Chief Medical Examination Mary Spriggs Frank Thomas 17. INFORMANT Address event within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) New Market Md 220-01-2070 Lawrence Brightful 兴华兴华兴兴兴 No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per-line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Diffuse papillary carcinoma of the lungs IMMEDIATE CAUSE (o) **DUE TO** in any Conditions, if ony, which gove rise to immediate couse (o), DUE TO 0 stating the underlying couse and os PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY ar remayal, PERFORMED? the certificate, YES 💽 NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) shauld PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: **CAUSE OF DEATH** 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work of work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry [ and in my apinian DIRECTOR: death resulted fram: Natura causes Accident Suicide | Hamicide Undetermined manner the funeral director. be retained please CHIFF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER L TO FUNERAL D SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Frederick J. NAME (Type) Robert Thomas 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify)
Burial Frederick Frederick, Md Fairview 3-8-1967 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Frederick, Md C.E. Hicks. 111

Item 18 Film 386 3-17-67MARYLAND STATE DEPARTMENT OF HEALTH

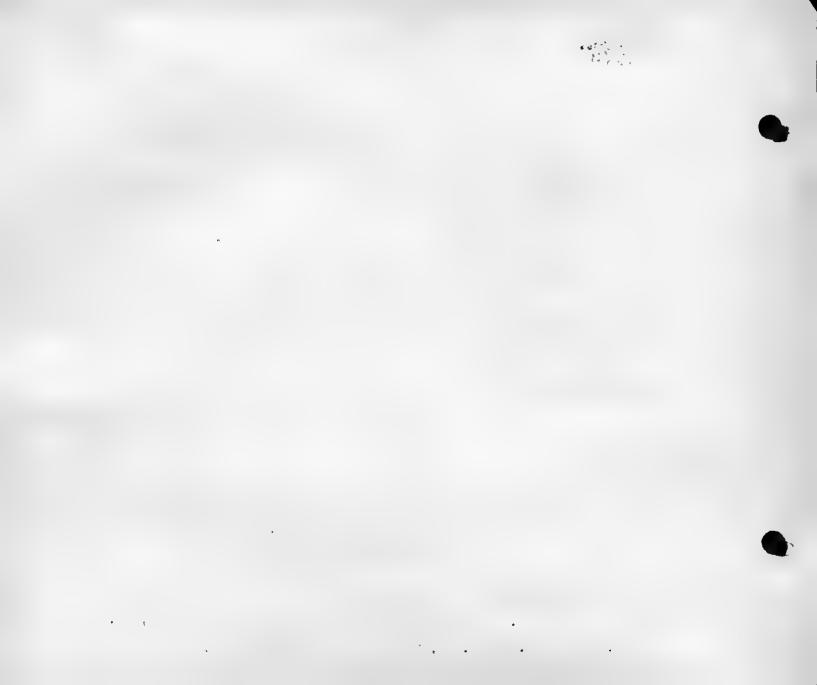
×72850 Milestors teatrems Silvenous graduations dodgas was 125 derived my The Markett and St. 12 dayled sail Marine Linite 127 Masse SAL TRACE Canala Tage . 1. c. (f Conning "actory ordered SHATT TTE - neptil Shart All Judicial and in this let apparatus CVG2-Educing whiches on Vetrabert / samonti. / descon ac W. Watsahus W. Wolfrabus V. waterist 75 [-1-3 gateme



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
Thom #25 CERTIFICATE OF DEATH

03574	Ţ	tem #2b CERTIFICA	TE OF DEATH	ne	03568		
1. PLACE OF DEATH 6. COUNTY Prederi	ck	MARYLAND	2. USUAL RESIDENCE (Who a STATE	b. COUNTY	Presidence before admission)		
b CITY OR TOWN ( RURAL and give n	If autside carparate limits earest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	Since 8/25/ ve street oddress)	d. STREET ADDRESS	xxx <b>Frederick</b> / 3012 Christoph	Old Division		
aryland		2 2 2 2 2	Janth lan		2121)   YES □ NO√E		
3 NAME OF DECEASED (Type or print)	First Ver P.V	Le on a	Promwell	4. DATE Mont	10.00		
5. SEX	4	7 MARRIED NEVER MARRIED □	B. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HR		
Female	White	WIDOWED DIVORCED	January 13	. 1881 86 yrs.	Manths Days Haurs Min.		
10a. USUAL OCCUPATI	ON (Give kind of work di king life, even if retired)	one 10b. KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY		
Seamstr		Own Home	Ialtimo	re Md.	IT.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N				
Robert R	Simonds		Mary Sim	onds			
5. WAS DECEASED EVE	R IN U. S. ARMED FORCE		INFORMANT	Addr	ess		
NO	(If yes, give war or dates of ser	216-32-7278D	Maryland O	dd Fellows H	ome W. Mirt. Str		
	ATM [F ]	rse per line for (o), (b), and (c).	TITE VIAIN V	CO PELLONS P	ome M. Mict Str		
ړ	ATH WAS CAUSED BY IMMEDIATE CAUSE (a),	a track	ascular a	coolint	ONSET AND DEATH		
Conditions, if a gove rise to couse (a), stating lying couse last.	the <u>under-</u> DUE TO	fure many	ur syperian	any proposition	or jenos		
PART II. OT							
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Port ( or Port II of item 18 )			
20c TIME OF INJUI	RY Month, Day, Yea 19		LACE OF INJURY (Home, form octory, street, office bidg, etc.		(County) (Sto		
	21. I certify that (I) (this haspital) attended the deceased from 12 1967, to March 1967, that (I) (we) lost saw the deceased alive on March 1967, and that death occurred at 25%, from the causes and on the date stated above						
220 SIGNATURE	e RoyT	Lovis	M D ATTENDING PHYS DI	ED STAFF PHYS	3/25-167		
22c PHYSICIAN'S NAME (Type)	LeRoy	T. Davis,	22d ADDRESS 228N.M	arket Styl	Grederick,		
23a BUR AL, CREMAT C REMOVAL (Specify Eurial	3/28/67	D > 0		23d LOCATION (City, 16wn, o	e, Md.		
Leonard J.	RIJOK, Inc.	Balto. Md. 21214	250. REC'	1007 W	STRAR'S SIGNATURE		



ne funeral and 2 er te ath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 sllould be detached for use as the burial-tralist permit. Then please remove carbon papers. Pages/ should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03576

CERTIFICATE OF DEATH
03570

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
4		Frederick MARYLAND	a. STATE New Jersey b. COUNTY Passaic						
		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		Frederick Since 4/6/59	Paterson /_7-:						
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?						
-1		Frederick Memorial Hospital	108 Barclay Street YES NO X						
	3.	NAME OF FIRST MIDDLE PROPERTY OF THE PROPERTY	Last 4. DATE Month Day Year						
ļ		(Type or print) AMELIA	BUCKLEY DEATH March 9, 19 67						
		The state of the s	8. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.						
	_	MIDOMED X DIACKGED	12 Oct 1886 80 yrs. Months Days Hours Min.						
	1Da	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ing most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
		rapper Department Store	Philadelphia, Pa, U.S.						
		FATHER'S NAME	14. MÖTHER'S MAIDEN NAME						
		Thomas Petts	Isadora Landenberge						
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address Frederick,						
	(16	No (If yes give war or dates of service) 139 22 3924A Ma.	ryland Odd Fellows Home, Maryland 21701						
Ì		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY:	Called 6.76000						
		DUE TO A 2 A22 - I I A A A A A							
	ı	Conditions, If any, which (b) Attitude Substitute (1)							
	ı	gave rise to immediate cause (a), stating the DUE TD							
	_	underlying cause last. (c)							
2	É	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	CA		YES ND X						
i	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO ACCOUNT OF THE HOW INJURY OCCU DR CONTRIBUTING TO ACCOUNT OF THE HOW INJURY OCCU (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
		Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)						
Ì	-	21. I certify that (I) (this hospital) attended the deceased from	16 ( to ///0/16/1, 19/16, that (1) (we) last						
		saw the deceased alive on 11/4 10/4 19/4, and that	death occurred at 2:30% from the causes and on the date stated above.						
		22a, SIGNATURE 22b. DATE SIGNED							
	-1	15/21/02/1 / MUNICO VIM.D	ATTENDING XX MED. STAFF 10 March 1967						
		22c. PHYSICIAN'S NAME (Type) Bernard O. Thomas Iv M D	22d. ADDRESS						
7		NAME (Type) Bernard O. Thomas, Jr., M. D	228 N. Market St., Frederick, Md. 21701						
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
		Burial 3/13/67 Laura Greve							
	24.	FUNERAL DIRECTOR FLOME R. Smith BRESS.	25a REGID BY REGISTRAR! 25b., REGISTRAR'S SIGNATURE						
		M. R. Etchison & Son, Frederick Md. 2:	1701 DATE						

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03577 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY redarick Maryland papers. Pages 1º hin 72 hours after MARYLAND Frederick requires that the death certificate be executed within 24 hours after filled in by the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick c. LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Life d STREET ADDRESS a IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) Frederick Memorial Hospital NO A 131 East Third Street NAME OF Middle Lost DATE Year First Dov the attending physician and campletely is permit. Then please remays-carbon vent, wit DECEASED Carpenter Grover Nelson 19 67 March (Type or print) DEATH DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Mala white WIDOWED 8-3-1890 burial, crematian, or removal, and in any DIVORCED 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Maryland Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hattie Hall Mr. Peter Carpenter WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 20 3804 Mrs. Katie Carpenter (Same as item #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for,(o), (b), and (c).) signed by the burial-transit p CONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO r this certificate has been si detached far use as the b te Dept. af Health priar ta bi stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 should be detached far use should be filed with the State Dept. af Health NO I 200 ACCIDENT WAS JNDERLYING □ 205. DESCRIBE HOW MUURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bidg, etc.) Hour a.m. Not While of work ot wark fo FUNERAL DIRECTOR: After director, page 3 should be d 21. I certify that (1) (this haspital) attended the deceased from they The next 25 19 1-7, and that death accurred at 1142M, from couses and an the date stated above saw the deceased alive an\_ 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** MD. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) LeRoy T. Davis, M. D. 228 N. Market Street Frederick. 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Frederick. Maryland March29.1967 Mount Olivet Cemetery Source M. ADDRESS Falchers 24 FUNERAL DIRECTOR VR A15 (4) M. R. Etchison & Son. Frederick. Maryland 20 M 1/66



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

l_	03578		CERTIFICATE	OF DEATH		03572
1.	PLACE OF DEATH a. COUNTY	2 / /		2. USUAL RESIDENCE	E (Where deceased lived, If institution: b. COUNTY	Residence before admission)
<u> </u> _		rederick	MARYLAND	1772	ryland Fi	redorich
	b. CITY OR TOWN (if write RURAL and	outside corporate limits, c. rive nearest town)	LENGTH OF STAY IN 1b	70 1	outside corporate limits, write RURA	L and give nearest town)
<u> </u>	YURAL-	MT. AIRY	SYEARS	KURAL	- MT. AIRY	/ / IS DESIBERATE
	Q. NAME OF HOSPITA	OR INSTITUTION (If not in hospi	Ital, give street address)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?
	K. L	· '7	!	1.0	T	YES NO
3.	NAME OF DECEASED (Type or print)	Mary L	Middle Ellert C	Last	4. DATE Month DF DEATH MErch	0ay Year \$ 1967
5.		OLOR OR RACE 7. MARRIED	NEVER MARRIED □ 8.	/	19. AGE (In years LIFTINDE	R 1 YEAR HEUNDER 24 HRS.
_	F	W WIDOWED	DIVORCED	1724 13.188	last birthday) Months	Days Hours Min.
10. du	a. USUAL OCCUPATION ( ring most of working it	ilve kind of work done 10b. KIND e, even if retired) INDU	OF BUSINESS OR			CITIZEN OF WHAT
	Housew	7 f p 14	fome	(arrolle	o mo,	U.S. A.
13	. FATHER'S NAME	id w. Marti	A .	14. MOTHER'S MAIDE		
1.0				Reche	1 Rush Nush	dyne
ίΥ	S. WAS DECEASED EVER es, no, or unkown) (If yo	s give war or dates of service)		INFORMANT TRANSPORT	Martin - Unionvil	11. ned
-	C			777-000/6 /	/ WICHPI	
		Enter only one cause per line     YAS CAUSED BY:   A   J		4. /-	13 and to all	ONSET AND DEATH
	1M:	MEDIATE CAUSE (a)	er 10 sclere	TIC Caro	liousscular dis.	Several Years
	Conditions, If any,	OUE TO				7220
	gave rise to imm	ediate (				
	cause (a), stating underlying cause las					
S		- 1 (0)	G TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL OF	SEASE CONDITION GIVEN IN PART 1(a)	) 19. WAS AUTOPSY
CAT						PERFORMED?
CERTIFICATION	20a, ACCIDENT WAS	UNDERLYING 20b. OESC	CRIBE HOW INJURY OCCUP	RREO. (Enter nature of	Injury In Part I or Part II of Item 1	
18	OR CONTRIBUTING [	CAUSE OF DEATH MEDICAL EXAMINER)				
CAL	20c. TIME OF INJUR	Month, Day, Year   20d. INJU	RY OCCURRED   20e. PLAC	E OF INJURY (Home, far	m, 20f. (City or town) (Co	ounty) (State)
MEDICAL	Hour a.m.	19 While	Not While at work	y, street, office bldg., et	C.)	
-		t (I) (this hospital) attended t		. 19	64 to Mar. 196	7, that (I) (we) last
	saw the decease		6		M, from the causes and on	
	22a. SIGNATURE	187 12 1	2.0		22b.	OATE SIGNEO
		L'S Cull	well M.D.	PHYSD	IRECTOR PHYS.   Ma	rch 9, 146/
	22c. PHYSICIAN'S NAME (Type)	W.B. CU	Iwell	22d. ADORESS 960 So.	Mainst -Mt.	Airy, Md
23	BURIAL, CREMATIO	I, 23b. DATE THEREOF   2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
	REMOVAL (Specify)	3/11/1967	lt. Olivet	Jenetery	Frederick, In	
24	. FUNERAL DIRECTOR		AUDRESS	25a. REC	O BY REGISTRAR   25b. REGISTRAL	
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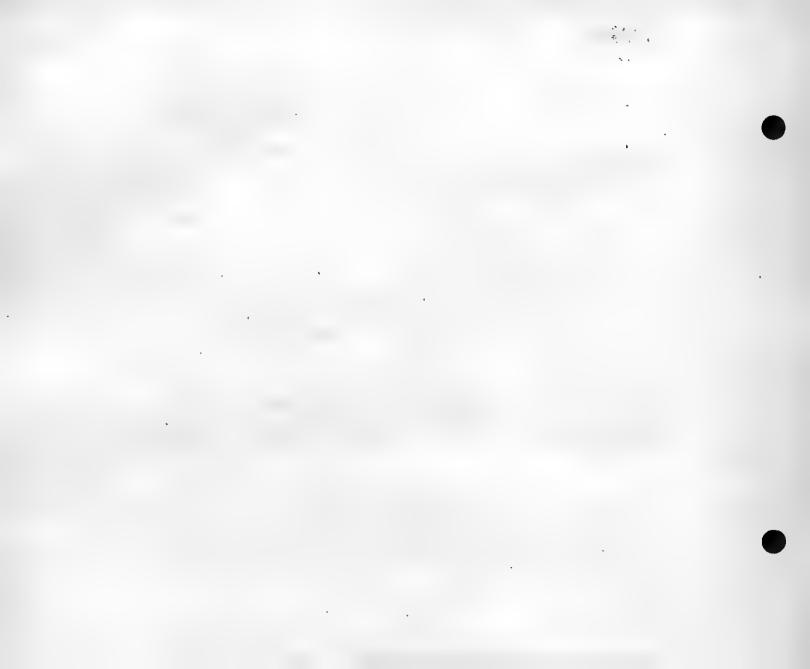
1/65 VR A15 20M



1		Divisi	MAR on of STATISTICAL RESE		PARTMENT OF S. 301 W. PRESTON		RE 1. MARYLAND
FOR STATE		03579		EXAMINER'S	CERTIFICATI		03573
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY					nstitution: Residence before admission)
~= 0 42.2			Frederick	MARYLAND		ryland b. cou	Frederick
cessary, of the funeral e 5 may be Department			(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	1		vrite RURAL and give nearest town)
the full from 5 m. 5 m. 5 m. 10 Department	<u> </u>		ederick PITAL OR INSTITUTION (If not in h	years	d. STREET ADDRESS	ederick	e. IS RESIDENCE
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ges 1, 2 torm P torm P within	5,	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	last birthday	IF UNDER 1 YEAR   IF UNDER 24 HRS
Pages h form	102	Male	White WIDOWED		April 8-18	tate or foreign country)	12. CITIZEN OF WHAT
ive Pa	anı	ing most of works	ng lite, even it retired)	NDUSTRY		tate of foreign country,	COUNTRY?
n 18. G a along pages 1		FATHER'S NAME	Brush Mfg.Co.		Maryland	EN NAME	U.S.A.
hours tem 1 ice a ice a		John	n Wesley Creager		Mary A	A. Musser	
24 Off Off III is ,	15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT	Addr	ess
within 2 pencil in miner's 0 permit. I removal,	<u> </u>	No			by C. Creage	r-723 Trail At	veFrederick, Md.
ited within in pencil is Examiner's sit permit.	П		ATH WAS CAUSED BY:	line for (a), (b), and (c).	at Dailery	& Shock	INTERVAL BETWEEN ONSET AND DEATH
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<b>9</b> * . # 3		gave rise to cause (a), ste	eting the DUE TO	Ac O.	t' Ca.	Quitting On	Alabore
thou Shie ial,	z	PART II OTHERS	B lest. ) (c) \ \	INTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN I	NPART I(e) 119. WAS AUTOPSY
the the used to but	ATIO						YES 7 NO
# 6 5 5 F	CERTIFICATION	20a, EXTERNAL	CAUSE WAS CONTRIBUTING [	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Pert II	of Item 18.)
his ce writi marde hould nt, pr							
for	MEDICAL	20c. TIME OF II		fanti	ACE OF INJURY (Home, fa ory, street, office bidg., e	rm, 2Df. (City or town)	(County) (State)
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EXAM he cert should files. FOR: Pa esignat		death results			iicide 🗀. Homicii		
te the cour file			1 A VII	//	CHIEF MEDICAL		_
		ACTUAL SIGNATURE	oull XIV	norleas.	=M.D.	DICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S NAME (Type)	Robert J. Thom	nas	DEPUTY MEDIC	t, city, town, or county)	3-24-67
D DEPUTY M please exec director. Pa retained for D FUNERAL of Health or	23a			23c. NAME OF CEMETER		23d. LOCATION (City,	town or county) (State)
古写典を与っ		Burial	3-27-1967	Mt. Olivet C		Frederick	Md. 21701
W MAN IN OK	24	M.R.Etcl	hison & Son of 7.	Frederick, Md.	31701 25 MAR	2 7 REGISTRAR 256	HEGISTRAR'S SIGNATURE
VR AISME (5)	_				DATE	יוסטון ויי	0 0



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03574
HEALTH DERT.	1. PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY b. COUNTY
5.5 8 E.S.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WARYLAND  TREDERICK  C. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)
sssa une ay truc dea	Write RURAL and give nearest town)  FREDERICK  4 Weeks  WOODSBORD
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Page State	TREDERICK MEMORIAL HOSPITAL   YES NO 12
MA3. WAS	3. NAME OF DECEASED (Typa or print) KAT : E LEE CRUM DEATH MARCH 24 1967
ith. If an including the second secon	5. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
th for the form of 2 and 2 and when the form of 2 and 2 and 2 and 2 and 3 and	WIDOWED DIVORCED MAKEN 12 1884 83 yrs.
fer deal Give Pa g with 1 and y event	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  W. S. A.
ours after 18. Girang along pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1 hour literal life part l	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.   17. INFORMANT Address
nit.	(Yes, no, or unknown) (If yes give war or dates of service) 219-36-25747 Mes Unas a boll Wisness 204 Meadow-date day
d within pencil i	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
ecute I Ex Tansii	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  ONSET AND DEATH  ONSET AND DEATH
uid be executed "pending" in if Medical Exan a Mo∏al-transit cremation, or	conditions, if any, which (b) (h) (h) (the resolution of the start dragazi
a Tore	ceusa (a), stating the OUE TO
ficate short the word the Chia	
the the	That the Left Fip - Carloral (Interest to Part II of Item 18.)
riting riting rded to ded to prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (6)  PERFORMED?  YES DISCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)  PRIMARY   Or CONTRIBUTING    CAUSE OF DEATH.
EXAMINER. This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, to bould be forwarded to the Chief Medical Examiner's Office along with form les.  R. Page 3 should be used as a mulal-transit permit, File pages 1 and 2 with signated agent, prior to burial, cremation, or remove, and in any event within	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
IINER tifica be f be 3 age 3	
EXAMINE the certific 4 should be in files. CIOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER   22. DATE SIGNED
MED wecute Page for your its or its	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER OF THE STATE OF
O DEPUTY W please exel director. Pretained for retained for D FUNERAL of Health o	EXAMINER'S NAME (Type)  Address (Street, city, town, or county)
of H	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY REMOVAL (Specify)  AN AR 17 1867 M.T. OLIVET C FATERY  TREDERICK  M. D.
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A, SME (5)	G. C. BARTON, WALKERSYILLE MD. DMAR 28 1967 Glianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution e. COUNTY **b.** COUNTY Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town Rural-Braddock Heights 10 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street oddress) Jefferson within d. STREET ADDRESS IS RESIDENCE ON A FARM? Vindobona Convalescent Home ofmpletely YES NO K executed 3. NAME OF Middle Lauri 4. DATE Dev Month DECEASED OF (Type or print) Culler DEATH Paul Zimmerman 1967 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (in years ) IF UNDER 1 YEAR IF UNDER 24 HRS carb 3 lest birthday) Months event, Male White June 29-1886 WIDOWED DIVORCED F physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Emplovee Farm Implement Co. Frederick Co. Md. U.B.A. please 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Samuel M. Culler Emma Zimmerman Then removal, 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown). (If yes give wer or detector envice) Mrs. Richard R. Remsburg-Jefferson. 219-03-2963 permit. attending physician. certificate has been signed by r use as the burial-transit permi 18. CAUSE OF DEATH [fater only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY, cremation, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the hospital or cause lesi. PART II. OTHER SIGNIFICANT CONDITIONS WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO V YES 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) After MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) Month, Dev. Year 20f. (City or fown) (State) ŏ fectory, street, office bldg., etc. While Not While Hour e.m. DIRECTOR et work et work 21. I certify that (1) (this hospital) attended the deceased from 4455 to 3/3.0 1967 that (I) (we) last 19..... OR may saw the deceased alive on .... 22b. DATE 22e, SIGNATURE SIGNED death. Page 4 r ATTENDING STAFF **HOSPITAL** page with # PHY5. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed A.T.Brice Jefferson, Md. 21755 23d. LOCATION (City, lown or county) 23e, BURIAL, CREMATION, | 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY S g g REMOVAL (Specify) Jefferson, Md. Burial Lutheran 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 196 VR A1S (4) M.R. Etchison & Son-Frederick Md. 21 20M S-63



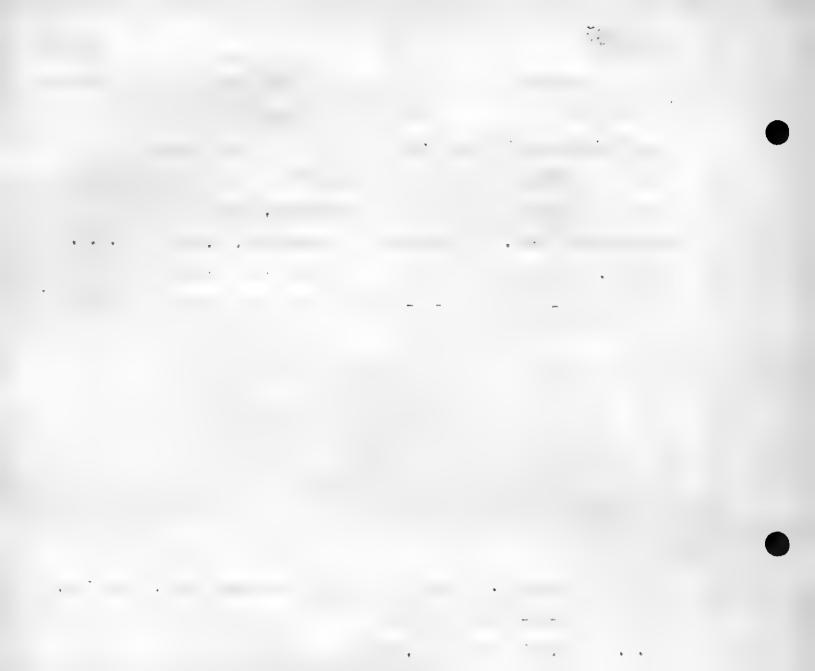
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Life Frederick Frederick = bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? eq NO X Frederick Memorial Hospital 12 East South Street within > e carbon ALSO KNOWN FAS HARRY WALTED DUVALL DATE Month Day Year DECEASED 풉 ē, DHVALL 1967 (Type or print) WALTER HARRY DEATH March 28 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS n any eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED TO last birthday) Months Hours Days 28 May 1886 and White Male 80 WIDOWED [ DIVORCED | 12, CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? death certificate be Frederick, Maryland Retired Foreman U. S. Brush Cempany 13. FATHER'S NAMPLACHINE Shop 14. MOTHER'S MAIDEN NAME Belle E. Shook William H. Duvall 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [[[fyes give war or dates of service]] Addeste 7. 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Richard Lee Masser. Fred'k. Md. 21701 217 10 0391 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed l burial tra burial, cr DUE TO Cenditions, If any, which gave rise to Immediate きま DUE TO cause (a), stating the 6 underlying cause last. has as Ē 19. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO DX YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this ce detache 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While at work at work 70 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the M, from the causes and on the date stated above. saw the deceased alive on 19 600 and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING 29 March 1967 M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S FUNERAL 22C. director, p should be NAME (Type) 228 N. Market St., Frederick, Md. 21701 Thomas, Jr., M. D. Bernard O. should 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF BURIAL, CREMATION. 23b. REMOVAL (Specify) 2 Mount Olivet Cemetery Frederick, Maryland 21701 /31/67 Rurial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE CODRESS 24. FUNERAL DIRECTO Md. 21701 Etchison & Son, Fredefick4 VR A15 (4) 20M



03584	CERTIFICATE	OF DEATH	na!	578
PLACE OF DEATH	CERTIFICATE		ceosed lived, if institution. Resident	
a COUNTY	AAA DVI AND	o. STATE MD	b county Freder	a i a le
	c LENGTH OF STAY IN 16		porote limits, write RURAL and give	neorest town)
write RURAL and give nearest town)			ų.	, , ,
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospite	, give street oddress)	d. STREET ADDRESS		e S RESIDENCE ON A FARMA
412 Sabillasville	Road			YES NO X
NAME OF TO A	PNCTTCH P	A TO NI C . 4. DA	E Month	Doy Year
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M - 7 -   Wa - 2 - 1			9. AGE (In years   IF UNDER   Months	Doys Hours Min.
			- yis.	TACH OF HEILY
io USUAL OCCUPATION (Give kind of work done 10b uring morto/vigotgingther elegnifiletired)	KIND OF BEZINEZZ OK	, ,		UNTRU S.A.
	err -mbroken	1	30° mp	O O O A A
			Englich	
	6 SOCIAL SECURITY NO. 177 III		Address	
(If yes give wor or dates of service)			• • • • • • • • • • • • • • • • • • • •	
				INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	teart Fai	446		SURET AND DEATH
DUE TO . L.1	, 1.	1 +	0 0 - 1	
Conditions, if any, which gove ) (b)	eent disease	. Unlerio.	sclerolic	2 42
stoting the underlying couse				
last. (c)				T19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o)	PERFORMED?
Dyone			Dort II of item 10 )	YES NO
OR CONTRIBUTING CAUSE OF DEATH		and notice of injury in Post I or	rott if Ot tiefft 16.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		E OF INJURY (Home, form.   20	of. (City or town) (Con	inty) (Stote)
Hour o.m. 19	wto Net While forte	ry street, office bldg , etc.)	(	()
D.M. '' LOTY	ended the deceased from	AAA 30-10 0	to 1/19 m 5 19	6 7that (I) twel last
saw the deceased alive on	7-3 19 6 7, and that	death accurred of	M, from causes and on t	ne date stoted above.
21. I certify that (I) (this hospital) attraction saw the deceased alive on 220. SIGNATURE	1967, and that		22b. D.	ne date stoted above. ATE SIGNED
	1967, and that	ATTENDING MED.  PHYS DIRECTO	R PHYS. 22b. D.	
220. SIGNATURE  22c. PHYSICIAN'S	Throng MO	ATTENDING MED.  PHYS DIRECTO	R PHYS. 22b. D.	
22c. PHYSICIAN'S NAME (Type) James K.	Gray M.D	ATTENDING MED. PHYS DIRECTO 22d. ADDRESS Thurmont.	R STAFF 22b. D.	ATE SIGNED
22c. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  30. BURIAL CREMATION, 23b. DATE THEREOF	Gray  23c. NAME OF CEMETERY OR C	ATTENDING MED. PHYS DIRECTO  22d ADDRESS Thurmont.	R STAFF 22b. D. M d  LOCATION (City or Yown)	ATE SIGNED  (County) (State)
22c. PHYSICIAN'S NAME (Type) James K.  30. BURIAL (REMATION, REMOVEL (EPACIF) 3/8/19,67	Gray M.D	ATTENDING MED. PHYS DIRECTO  22d ADDRESS Thurmont.	R STAFF 22b. D.  Md  LOCATION (City or Town)	(County) (State)
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Thurmont.  d. NAME OF HOSP TAL OR INSTITUTION (If not in hospito 412 Sabillasville  NAME OF DECEASED (Type or print)  SEX  Nale  O USUAL OCCUPATION (Give kind of work done uring more OATC PT)  SEX  A 1 e  O USUAL OCCUPATION (Give kind of work done uring more OATC PT)  SEX  S WAS DECEASED EVER IN US ARMED FORCES? Yes, no, or upknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter on y one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  S WAS DECEASED EVER IN US ARMED FORCES? Yes, no, or upknown) (If yes give wor or dotes of service) (b)  TO CONDITION (Give kind of work done uring more OATC PT)  18. CAUSE OF DEATH (Enter on y one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  Stoting the underlying couse lost.  Conditions, if ony, which gove mse to immediate couse (a), stoting the underlying couse lost.  OR CONTRIBUTING (C)  200 ACCIDENT WAS UNDERLYING (C)  OR CONTRIBUTING (C)  CONTRIBUTION (C)	b CITY OR TOWN III outside carporate himits, write RURAL and give neorest town)  Thurmont.  d. NAME OF HOSP. TAL OR INSTITUTION (If not in hospital, give street oddress)  4 1 2 Sabillasville Road  NAME OF HOSP. TAL OR INSTITUTION (If not in hospital, give street oddress)  4 1 2 Sabillasville Road  NAME OF DECEASED (Type or print)  SEX	Thurmont.  d. NAME OF HOSP TALL OR INSTITUTION (If nor in hospitol, give street oddress)  4 12 Sabillasville Road  NAME OF HOSP TALL OR INSTITUTION (If nor in hospitol, give street oddress)  4 12 Sabillasville Road  NAME OF HOSP TALL OR INSTITUTION (If nor in hospitol, give street oddress)  4 12 Sabillasville Road  NAME OF DECEASED IRA FIRST  ENGLISH EATON S. T. 4. DATE OF BIRTH  Male White Widowed Divorced Mch. 6. 1885  OF USUAL OCCUPATION (Give kind of work done uring more Application)  SEX White Sex Widowed Tall Sex Stotes.  Fathers NAME Robert Eaton  S WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or upknown) (If yes give wor or dotes of service)  S WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or upknown) (If yes give wor or dotes of service)  OUE TO  Conditions, if any, which gove me to immediate couse (a).  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove me to immediate couse (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  Thurmont  C CITY OR TOWN (if outside congress)  Thurmont  Thurmont  A. DATE OF HOUR OF MARKED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  TO A COLOR THE DISCONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (c).  OR CONTRIBUTING CAUSE OF DEATH  (FEITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Yeor  AND WAS A WAS	The composition of the compositi



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick Frederick years d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 24 312 Rockwell Terrace W. Church ND with NAME DE First Last DATE Month Year e Middle 4. Day DECEASED DF San San (Type or print) Susan Μ. Fickling DEATH March 20-67 19 executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH S 7. MARRIED NEVER MARRIED last birthday) Months I remoy n any Days Hours and Female White March 25-1877 89 WIDDWED TX DIVORCED [ ling physician Then please re .⊑ 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? death certificate be during most of working life, even if retired) INDUSTRY and U.S.A. Homemaker Frederick Co. Md. 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME John Hanshew Markey Ida Willard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add ress permit. 5 (Yes, no, or unknwn) (If yes give war or dates of service) Frederick, Md. 21.7-28cremation, Jr.-312 Rockwell No Mrs. Ed. D. Grove. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b). requires that the -transit ONSET AND DEATH by PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial burial, DUE TO Conditions, If any, which (b) peen gave rise to Immediate 書品 OUE TO cause (a), stating the underlying cause last. (c) 38 CERTIMICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health I PERFORMED? certificate ND.A. YES PHYSICIAN: the hospital 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) 5 this cert letached OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work 70 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: saw the deceased alive on and that death occurred at // M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING Mar. 21-1967 DIRECTOR PHYS. M.D. HOSPITAL ADDRESS FUNERAL PHYSICIAN'S 22d. 22C. should be NAME (Type) director, Bernard Thomas. Jr. Prof. Bldg .- Frederick, Md. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREDS 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Frederick. Md. 21701 Burial 23-1967 March Mt. Olivet Cemeterv 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ederick. Son Md-2VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03586 CERTIFICATE OF DEATH and completely filled in by the funeral remove carban papers. Pages T-and 2 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Frederick b. COUNTY a. STATE Maryland Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Frederick c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c, LENGTH OF STAY IN 16 Frederick days IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 217 Washington Street Frederick Memorial Hospital YES NO K 3 NAME OF Middle 4. DATE First Last Month Doy Year DECEASED FISHER HELEN VIRGINIA March 19 67 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 ast birthday) April 5, 1915 Female White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of workupa life, even if retired) NUMBER COUNTRY? A. Braddock Heights, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pradicector, mage 3 should be detached for use as the burial-transit permit: They should be filed with the State Dept. of Health prior to burial, cremation, or remaper Estella Hartman Jacob Gibbons IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Mr. Lloyd F. Fisher 217 Washington St. Fred. Md 215-36-6390 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),
PART 1. DEATH WAS CAUSED BY OMSET AND DEATH PNEOMONA IMMEDIATE CAUSE (o) DUE TO Julie Voscula Occhusin Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? Rheumstrid awhiter - acute recurrence NO K 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) 2Dc. TIME OF INJURY Manth, Doy, Year (County) (State) Not While factory, street, office bldg., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased from 1960, and that death accurred at 2 33 AM, from causes and an the date stated abave. saw the deceased alive an March ! 22g SIGNATURE 27b. DATE SIGNED MED.
DIRECTOR STAFF PHYS □ March 1. 1967 M.D. 810 Toll House Avenue Frederick, Md. 22c. PHYSICIAN S M.D. Gilcin F. Meadors NAME (Type) Dr. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 3-3-1967 Mount Olivet Cemetery Frederick, Maryland 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAL'S SIGNATURE Dailey & Son Frederick, Marylandone



		1		DIVISION	OF STATISTICAL R	IAK LESE	ARCH AND RECORDS	, 301 W. PRESTO	F MEALIM ON STREET, B!	ALTIMORE 1.	MARYLAND
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	after death		1.	PLACE OF DEATH					ICE (Where deceased I	ived, If institution	: Residence before admission)
	ler.				Frederick		MARYLAND		land_	Frede	rick
				b. CITY OR TOWN write RURAL a	(if outside corporate limit nd give nearest town)	5,	c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (	f outside corporate	limits, write RUR	AL and give nearest town)
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9	24 hours	illed aper 72						G. STREET MUDNESS	,		ON A FARM?
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	wit	attending physician and complete y filled in by simit. Then please remove carbon papers. Pagn, or removal, and in any event, within 72 hours		DECEASED (Type or print)	William			lickinger_	OF DEATH Ma:		7. 1967
	ited	com ve c ever	5.	SEX	6. COLOR OR RACE 7. MAI			DATE OF BIRTH	I O ACE		ED 1 YEAD HEHNDED 24 HRS
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	ath	atte rmit	(Ye	s, no, er unkewn) ( No	If yes give war or dates of service		7-16-2051 Mr	s. Ruth Fli	okingan 1	Cormer 1	14 R # 9
	that the death certificate be executed within sician.	been signed by the attending phe the burial-transit permit. Then or to burial, cremation, or removal	-		EATH [Enter only one cause			B - 110011 1 1,1	AUTHERT'S	NO VIII O II	INTERVAL BETWEEN ONSET AND DEATH
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	ires phy	n si bur		Conditions, If ar	mmediate /		CUIE MIO	CARDIAL	TIVITIE	1	
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	PH at	E E E E E	MED.CAL	20c. TIME OF IN		While	Not While factor	CE OF INJURY (Home, i ry, street, office bldg.,	farm, 20f. (City o etc.)	r town) (	County) (State)
	OR ATTENDING he retained by	Affen be Stal	ME	p.m.		at worl	at work	3/7/67	30	(2/6) 19	that (I) (we) last
	FENG	the the			that (I) (this hospital) a	ntena つ/し			19, to/ 8 25 M. from the		n the date stated above.
	E a	3 S. WITH		22a. SIGNATURE			, one that			22b.	DATE SIGNED
		age age			Uliste,	10	and M.D		MED. ST DIRECTOR PH	AFF	3/7/67
	SPITAL 1	PRAIL or, p		22c. PHYSICIAN NAME (Typ	(A)		To To	22d. ADDRESS 804. Tob3	Vous 1-	. The dead	inle Ma
	TO HOSPITAL Page 4 may	To Fuveral other this certification, page 3 should be detached should be filed with the State Dept. of	238	BURIAL CREMA	A. Austin P		23c. NAME OF CEMETERY			N (City, town or	
	2	5 p. %	-00	BURIAL CREMA REMOVAL (Spec Burial	March 10.	196			Hansony		bl co Ma
		10	24			6:0	ADDRESS	25a. R	EC'D BY REGISTRAR	7255. REGISTR	AR'S SIGNATURE
	VR 201≜	A15 (4)	C	.O.Fuss &	Son Taneytow	n,	Maryland	MAR	8 1967	Jacon	10



funeral hours after death. after the S ongodiers. Pag within 72 hours = ed = within even and con remove any eve ysician please r anll in Ē þe certificate attending plly remit. Then pl. n. or remival, ned by the attend I-transit permit. been signed by ttle burial-transit or to burial, crema PHYSICIAN: The law requires that the the the hospital or attending physician. s t certificate h this celletached de l After onld be ATTENDING retained by DIRECTOR: OR be Page 4 may t O FUNERAL D director, pag should be file 2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Frederick MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick Lifetime Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 209 Rockwell Terrace No X Rockwell errace YES NAME OF DATE Month Dav Year Middle Last 4. DECEASED DF Louise Gardner DEATH 18-(Type or print) March 19 61 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Female White Feb. 1- 1908 WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? Mgr. Hosiery Shop Retail Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel F. Gardner-Sr. Susan Fout 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick.Md. (Yes, no, or unknwn) [(If yes give war or dates of service) 211-10-2300 Na Miss Helen M. Gardner-209 Rockwell Terr. 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THE WILLIAM STORY IMMEDIATE CAUSE (a) DUE TO 171 Cenditions. If any, which SCC-IVI) AIR (b) gave rise to Immediate DUE TO cause (a), stating the LAIRL V. 12.9 (n (r) 0% underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🗔 YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work toMAR 21. I certify that (I) (this hospital) attended the deceased from TAN -(S that (I) (we) last and that death occurred at 5:30 pfrom the causes and on the date stated above. 196 saw the deceased alive on MAR SIGNATURE 22b. DATE SIGNED 27a. STAFF M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS F. Meadors Gilcin House Ave- Frederick. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Mt. Olivet Cemetery

Durial 3-21-1967 Mt. Olivet Cemetery Frederick, Md. 21701

24. FUNERAL DIRECTOR

M.R. Etchison & Software Frederick, Md. 21701 MAR 2 2 1967 following Judge

VR #15 (4)

20M 1/65



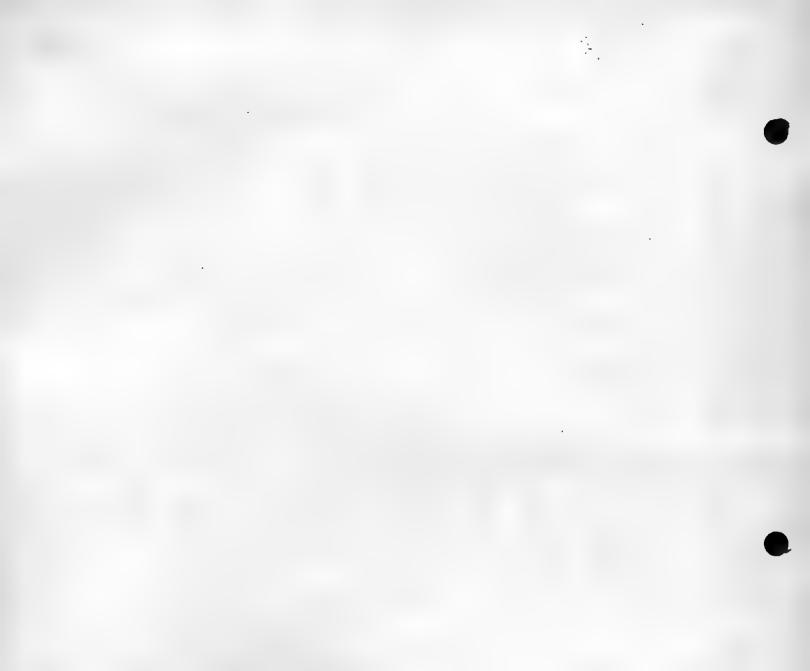
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	DIVISION OF STATISTICAL RI		OS, 301 W. PRESTO	ON STREET, H	BALTIMO	035	84
1.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN TO	Rural-	land	b. COUNTY	erick	earast fown)
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	DECEASED (Type or print) HETEN	R.	<b>G</b> DAY	4. DATE OF DEATH	J L d Js C Wouth	1 / 3	19.67
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do	a. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired)	B. KIND OF BUSINESS OR INDUST	Frederic  14. MOTHER'S MAIDEN	k Co., 1	ign country)	U.S.	$\Lambda$ .
15. (Ye	Harry A. Stitle  WAS DECEASED EVER IN U.S. ARMED FORCES?  (s. no-pror unkown) (Ifyasgive weror dates of service)	~	INFORMANT	Fritz	Address	// -	
z	IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate ceuse (a), staling the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS	Agantus we	Cardious in	OF DAVID	A IDITION GIVEN	/±	D min
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MEDICAL	Hour a.m.	Od. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm story, street, office bldg., ele	n, 20f. (City or	lown)	(County)	(Stet
	21. I certify that (I) (this housitel) at saw the deceased slive on. 7. Wife.	ttended the deceased from		19, to/			
	226. SIGNATURE AUY auy and	<b>\( \)</b>			STAFF PHYS	4	22b. D S
22	NAME (Type) VY'- H. LAY	YSON, JR., MD.	BN541	D# 2 S	ykesoil		21784 (State)
	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/11/16		ve Conster	170 7	rich C	0., 111	
1	in its for the	Sy'caville. II	d. PARAF	1 3 196	001	careles de	uffe.



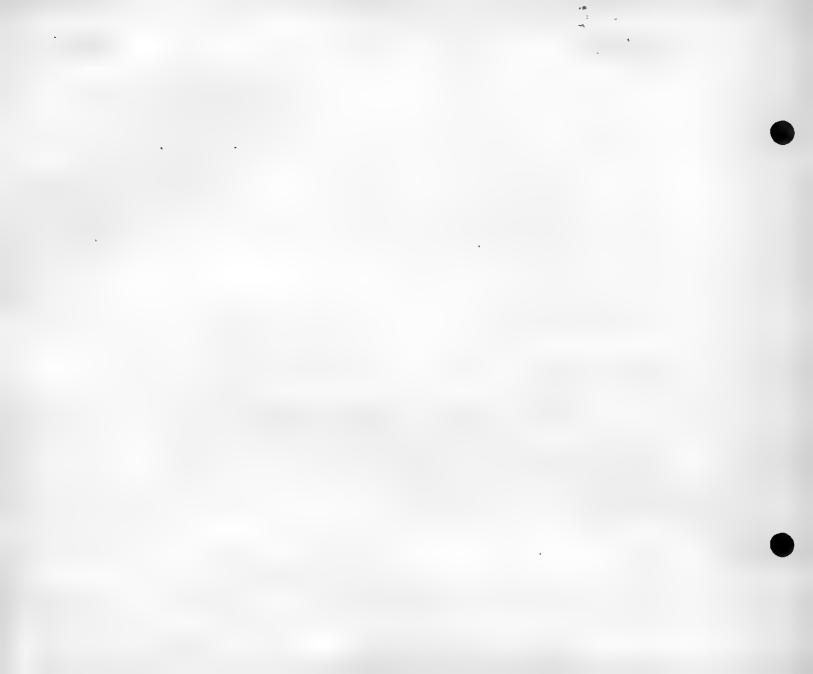
	MARYLAND STATE DEPARTMENT OF HEALTH OPENING OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	ANDVI AND
	CERTIFICATE OF DEATH	02505
£ 22.5		09939
名《唐馬思	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: F a. COUNTY b. COUNTY	testdence perere admission)
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hours d in b rs. Pa	Frederick & daily Occhercian), R.F.	D . · ·
24 hours filled in 72 hours.	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	e. IS RESIDENCE ON A FARM?
y fill par	Frederick Mem. Mospilal	YES NO X
cate be executed within 24 hours physician and completely filled in by please remove carbon papers. Pagral, and in any events within 72 hours	3. NAME OF FIrst Middle Last 4. DATE Month	Day Year
d w car	(Type or print) // argaret buse Elect DEATH // with	4 1961
e e e e	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER last pirthday) Months I	Days Hours Min.
and and and and	Jem. While WIDOWED DIVORCED Jet. 6 1893 74 yrs.	
lan din	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during post of working life, even if retired) INDUSTRY 12. C	CITIZEN OF WHAT
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ph)	13. FATHER'S MAIDEN NAME	
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ath certificate be ( attending physician rmit. Then please n, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unlown) [(If yes give war or dates of service)]	. 2
e death c the attent t permit.	no 220.30-7722This. Nove D. Gelen Dicke	rean Ma
res that the death certificate be executed within physician.  I signed by the attending physician and completely burial-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with	18! CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
uires that the or physician. In signed by the burial-transit.	PART I. DEATH WAS CAUSED BY: Conglative Jean Gulino	
tha sici	170X DUE TO ALL O + O	
phy phy burn burn	Conditions, if any, which (a) (Metastalic Carcinova 5) Crebium	
requires ding phy been sig the buri	gave rise to immediate cause (a), stating the DUE TO	
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I: The last or at ficate he for use Health	a bealed mys cardial sufatel; 103100	YES NO
Portification of L	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	i.)
PNYSI the h this this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work at work	unty) (State)
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		that (I) (we) last
ATTEN retaine ECTOR: 3 shoul with the	saw the deceased alive on 1967, and that death occurred at 7 M, from the causes and on the	
OR A De r De 3 De 3 De 4 De 4		DATE SIGNED
TAL OR may be IAL DIR. page of filed	22c. PHYSICIAN'S ATTENDING MED. STAFF DIRECTOR PHYS.	5-9-61
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O HOSPITAL OR ATTENI Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 shoul should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or co	ounty) (State)
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0	24 FUNERAL DIRECTOR // ADDRESS 125a . REC'D BY REGISTRAR 25b REGISTRAR	'S SIGNATURE
VR A15 (4)	Constance Catellan Barnesure md MAR 9 1967 Charles	o Jungas
15M 4-64	The state of the s	<u></u>



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03592 FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, f institution Residence before parmission o COUNTY Page **b** COUNTY Frederick Maryland 2 Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY N 1b and write RURAL and give negrest town) MXXX Frederick d NAME OF HOSP TAL OR INSTITUTION (if not in hospito ig ve street oddress) d STREET ADDRESS e IS RES DENC alang with form 135 North Market Street Frederick Memorial Hospital 3 NAME OF First 4 DATE Doy DECEASED LILLE MAE COLLINS HALL March 10. 10 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR White birthdovi Months Female. February 12.1900 WIDOWED KX D-VORCED | ofter death 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even if res red) None Chester, South Carolina in pencil in l Examiner's ( 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Collins Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? TA SOCIAL SECURITY NO 17. INFORMANT Fred. Address (Yes, no, or unknown) (.f yes give wor or dotes of service) Mrs. William Irvin 7 East Patrick St. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (r) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 11201 DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause last removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? YES T NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH crematian, 20c TIME OF N. JRY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form (City or town) (County) (State) Not While Haur a.m foctory, street, office bidg , etc.) 5 may be retained for your to FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy 13. Inspection . Inquiry . and in my apinion Natura causes Su cide death resulted fram: Accident Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3-11-67 OBERT NAME (Type) Address (Street, city, town, or county) 236. DATE THEREOF 3-15-1967 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Charlotte. North Carolina ADDRESS 2So REC D BY REG STRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) Frederick, Maryland, MAR 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03593 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY n. STATE b. COUNTY Frederick
b CITY OR TOWN (If autside carparate limits, MARYLAND Maryland Frederick
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) of papers. Pages c. LENGTH OF STAY IN 16 write RURAL and give negrest town)
Frederick Frederick week IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 2/17 Frederick Memorial Hospital Market NO X NAME OF Middle First 4 DATE Manth Year DECEASED OF Homer James 28 67 Harvey 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED TX NEVER MARRIED B. DATE OF BIRTH tast birthday) Manths Haurs white male WIDOWED DIVORCED burial, crematian, or removal, a∎d ın any 1Db KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 1 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Berkley Co., W. Va. company 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William B. Harvey Anna C. Plotner 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Admederick. Mrs. Evelyn Harvey, Market 1B. CAUSE OF DEATH (Enter only one cause per Ime for (a), (b), and (c); INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: -ONSER AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove (6) rise to immediate cause (a), **DUE TO** er this certificate has been significated for use as the bate Dept. of Health priar tab stating the underlying cause last. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? State Dept. of Health NO 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bidg., etc.) Hour a.m. Nat While After at work at work 19 5 5, Ta. , 19\_\_\_\_, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. TO FUNERAL DIRECTOR: Aft director, page 3 shauld be shauld be filed with the St While 1967, and that death occurred at 3 35M, from couses and on the date stated above. saw the deceased alive on 3 22b DATE SIGNED 22a. SIGNATURE STAFF PHYS. 28 mar, 1967 DIRECTOR M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Conley Charles H Frederick 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOI (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Lutheran Cemetery Middletown, Fred., Md. 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FLINERAL DIRECTOR **ADDRESS** VR A15 (4) Company, Middletown, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03594 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick Frederick MARYLAND b CITY OR TDWN (If outside corporate limits, write RURAL and give pearest tawn)
Frederick c. LENGTH DE STAY IN 16 c CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) /0-/ (Lewistown.) Mailing Add. Thurmont .= d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS the attending physician and campletely the st permit. Then please remove carbon payment anton or event, written Frederick Memorial Hospital NO X YES 4. DATE Doy Year DECFASED HECKERT 13/1967 WALTER \_\_ A . (Type or print) 19 DEATH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLDR DR RACE 7 MARRIED NEVER MARRIED last bythdoy) Months 10/9/1900 cremation, or removal, and in any White WIDDWED Male 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS DR 12 CIT ZEN DE WHAT during most of working life, even if retired) TOUNGRY 7 A Penna. York. Employed ectrician 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Snyder Heckert Frederick 16. SDCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT R.D. 1 . MD Heckert Thurmont (Yes, no, or unknown) (If yes give wor or dates of service) Mary E. 220-09-7278 18. CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO ificate has been s far use as the t f Health priar ta b stoting the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been a last WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ND 20o ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this hospital) attended the deceased fram 1954, to 3 /3 . 1967, that (I) (we) last 1967, and that death accurred at 4.05 AM, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** M.D. PHYS director, page should be filed 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23c NAME DE CEMETERY DR CREMATORY Gardens. 123d. LOCATION (City or Town) BURIAL, CREMATION. Rest BMDVAL (Specify) /1967 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	U3595 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03589
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) 5. COUNTY
音音: 電子	Frederick Maryland b. COUNTY Frederick
Se	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town)
d out	Rural Frederick 7 years Rural Frederick
Soar 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
h te d	Grove Hill Route # 5   Route # 5   Frove Hill   YES   NO
he fundamy	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DETERMINED HODGON OF Month OR 67
=====	(Type or punt) WILLIAM CLARENCE HOBSON OF DEATH March 28, 1967
d 3 with	5 SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male  White WIDOWED NIVER MARRIED May 16. 1902  9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS   May 16. 1902
our San	THOOKED I MAY 224
s 1,2 sege 1 and 1	10s. USUAL OCCUPATION (Give kind of work done during most of working be, even litering)  Engineer U. S. Working See Work to the country of th
hot hot in it him	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PM PM t with	William Henry Hobson Sara Ensor
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Var. no. or unknown) ((See nive warped elegated)
ish f	(Yes, No or unkown) (Hyergive werer deleasofservice) 212-05-4069 Mrs. Dorothy M. Hobson Rt.# 5 Frederick, Md.
on the state of th	18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]  INTERVAL BETWEEN ONSET AND DEATH
exe cit ir slon sans and	PART I. DEATH WAS CAUSED BY: MEET HEELT FAILURE ONSET AND DEATH
d be pen ice a ial-tr al, a	DUE TO PARTIE PA
ould bur 100 Miles	Conditions, if any, which (b) Cotonory and Occionation (b)
ing's er's er's as a	(a), steting the underlying DUE TO Cutario Schander Cardes Descular Alexanor
fical min sed 7	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
Exception afformation	PERFORMED?
his wor	20s. EXTERNAL CAUSE VAS 20b. DESCRIBE HOW INJURY OCCURED Render neture of injury in Port I or Port II of Item 18.)
the Alector Shore	FRIMARY OF CONTRIBUTING O
TIME hief hief buri	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Stelle)
MAT WITH The Color of the Color	20c. TIME OF INJURY Month, Dey, Year Hour e.m. While Not While et work of work
Safe Safe	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
E BOT	death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner .
DIRE	CHIEF MEDICAL EXAMINER
	SIGNATURE COULD MD. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEPUTY I	EXAMINER'S Robert J. Thomas M.D. DEPUTY MEDICAL EXAMINER [X] March 28, 1967
EP Soule	228. BURIAL, CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (Cily, town, or country) (State)
O 2 4 O 2 U 8 4 7 1	Burial 3-30-1967 Woodlawn Cemetery Baltimore, Maryland
VS. A15ME	ADDRESS Frederick, Maryland MAR 3 0 1967 Charles Judge.
5M 7/59	Howert E. Dailey & Son Frederick, Mat y and MAR 50 1967 guarde Judge

MARYLAND STATE DEFARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 93596 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. a COUNTY rederick · STATE aryland b COUNTY Frederick Page MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate mits, 2, o. PM3. write RUBA, and give negrest town) Frederick d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) 8 IS RES DENCE ON A FARM? d STREET ADDRESS haurs I3 West All Saints Street same State | YES NO PC in Item 18. Give Pages 24 haurs after death Medical Examiner's Office along with NAME OF First Middle Last 4 DATE Month Day Year within 72 DECEASED OF Mary Margaret Holland 19 0 (Type or pont) DEATH IF UNDER 24 HRS SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED 045 birthday) Manths Days Haurs T0/21 Female Negro WIDOWED DIVORCED and 2 event 10a USUAL OCCUPAT ON (Give kind of wark dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of work and life loven if retired) INDUSTRY FOLLIRY A Maryland pages } in any pencil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Ernest R. Holland Elizabeth Swann and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Adoress (Yes, not at unknown) (If yes give war ar dates of service) or remaya! Maxine Campbell Brunswick Marylan CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ward This certificate should cremation, DUE TO forwarded to the Canditions, if any, which gave writing the rise to immediate couse (o), DUE TO stating the underlying couse used as burial, c **rast** PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL WAS AUTOPSY PERFORMED? CERTIFICATION NO X the certificate. ₽ pe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) designated agent, priar PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJJRY Month, Day, Year 20d NJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or fawn) (County) (State) factory, street, office bldg., etc.) Not While at work please execute 2). I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry. and in my opinian far Natural couses Accident . Suicide [ Undetermined manner death resulted fram: Hamicide retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral FUNERAL ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Thomas, M.D. Rober Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION. 23b DATE THEREOF (County) (State) 50 Petersville Maryland St. Marys Cemetery 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. JUNERAL DIRECTO Brunswick Haryland VR ATSME (5) 6M 1/66

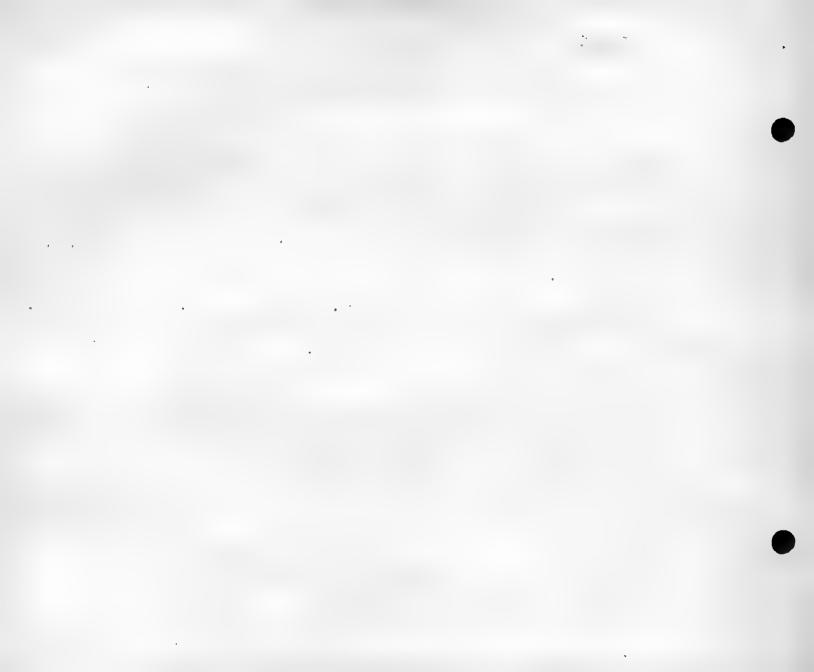


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if Institutions e. COUNTY b. COUNTY by the and 2 death. Frederick Erederick MARYLAND Marvlan d b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) after .57 Jefferson Years Jefferson Pages executed within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Jefferson, Maryland Jefferson, Maryland YES NO completely papers. 3. NAME OF 4. DATE Year Middla Month Day 2 DECEASED OF (Type or print) DEATH 29 19 67 THOMAS NATHAN HOUSE. SR. March edibon with 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR physician and last birthday) Months Hours WIDOWED [ DIVORCED Male certificate July 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stella, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Bny Burkittsville, Frederick, Construction Co. Operator S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death .⊆ attending and Bessie Arnold Greenberry House Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no, or unkown) (If yas give war or datas of service) the irs. Mary House, Jefferson, Maryland permit. attending physician. 18. CAUSE OF DEATH [Enfar only one cause per line for ,a), (b), end (c),] INTERVAL SETWEEN signed by ONSET AND DEATH Ь PART I, DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a) cremation, **burial-transit** 14 8 8 **DUE TO** Conditions, if any, which certificate has been gave risa to immediate cause DUE TO (a), stating the undarlying causa last. 节 the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPS CERTIFICATION 8 0 PERFORMED? USB YES . NO X prior DIRECTOR: After many be detached for u 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL Month, Day, Yaar 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, 1 2Df. (City or lown) (County) (State) Whila factory, streat, office bldg., atc.) Not Whila Hour a.m. at work at work 195%, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from. . saw the deceased alive 22b, DATE 22a SIGNATURE ATTENDING SIGNED MED STAFF .96 X PHYS. DIRECTOR PHYS. HOSPITAL Page 4 FUNERAL M.D шarch page with it 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUNE director, p Jefferson. Mary Land Brice. death. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF (Stata) REMOVAL (Specify) Jefferson, Maryland Burial 254 DETOTO REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) DATE Etchison & Son. Maryland 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03598 Termitate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1. PLACE OF DEATH o COUNTY o STATE COUNTY Marvland MARYLAND Frederick Frederick filled in by the fun n papers Pages 1 b. CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town)

Frederick c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Week Frederick e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Frederick Lemorial Hospital 113 East Church Street YES NO X within Li DQ NAME OF Middle 4. DATE First lost Doy Year completely DECEASED (Type or print) OF DEATH COB 19 please remave car DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 6 dost birthdoy) Months Dovs Hours May 22,1897 WIDOWED X DIVORCED the attending physician and sit permit. Then please rem 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Middletown . Maryland Companion
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaya Edith Long George A. Wise 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death (Yes no, or unknown) [If yes give wor or dates of service) 220 Mrs. Patricia Smith.Rt. # 3. Frederick.Md. 30 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: signed by the burial-transit p ONSET, AND DEATH IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a), DHE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta Is 19 WAS ALTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X 20o. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 2). I certify that (1) (this haspital) attended the deceased fram Feb . 1967, that (1) (we) last 20 1967, ta and that death accurred at 8 40 M, fram causes and an the date stated above. 1967 saw the deceased alive an March 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATÉ THEREOF 230 BURIAL, CREMATION, REMOVAL (Specify) Middletown, Maryland March 4.1967 Reformed Cemetery 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) DATE MAR 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03599 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY n STATE b. COUNTY Frederick ve carban papers. Pages 1 event, within 72 haurs after MARYLAND Marvland Washington the attending physician and campletely filled in by the f sit permit. Then please remave\_carban papers. Pages b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Pleasantville 14 days Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in baseital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Frederick Mmmorial Hospital RFD#1, Harpers Ferry, W.V NO T 3 NAME OF 4. DATE First DECEASED GEORGE DEWEY March (Type of print) JENKINS DEATH 67 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 69 yrs 3, 1897 WIDOWED DIVORCED Oct. and in an White Male 12. CITIZEN OF WHAT 10a, US, AL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ? during most of working life, even if retired) INDUSTRY Railroad Carman Retired Mt. Zion Virginia
14 MOTHER'S MAIDEN NAME LISA 13. FATHER S NAME Elizabeth Sheets William Thomas Jenkins IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Donald Jenkins (Yes, na, ar unknown) ((If yes give war ar dates af service) None 705-12-5467 Brunswick, Maryland crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line lot to). signed by the burial-transit ONSET AND DEATH PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO has been s se as the t th prior ta b stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use Health O FUNERAL DIRECTOR: After this certificate 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20a ACCIDENT WAS JNDERLYING □ OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Haur a.m. Not While at work 7.196/ta 21. I certify that (I) (this haspital) attended the deceased fram. saw the defeased alive an 2015 5 19 67 and that death accurred at \$ 25 km, from causes and on the date stated above. 22a SIGNATURE 226 DATE/SIGNED **ATTENDING** PHYS. M.D. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a BURIAL, CREMATION 23b DATE THEREO Burial (Specify) Samples Manor, Maryland Samples Manor Cemeter 2Sb. REGISTRAR'S SIGNATURE 2Sci REC'D BY REGISTRAR 24) FUNERAL DIRECTO Harpers Ferry, W. Va. Melianter VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
E ANE	03600 CERTIFICATE OF DEATH	3594
24 hours after death, filled in by the funeral lapers. Pages a and and n 72 hours after death	1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence of the country b. COUNTY) b. COUNTY	idence before admission)
by the Pages Irs afte	Frederick  b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1b  c. CITY DR TDWN (if outside corporate limits, write RURAL at write RURAL and give nearest town)	ederick nd give nearest town)
hours I in b S. Pe hours	Frederick 3 hrs. 53 min. Mt. Airy  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
and completely filled in by tendore carbon papers. Page	Frederick Memorial Hospital	ON A FARM? YES NO W
rbon rbon with	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
23€	Citype or print   Willia m   Raymond   Jones   DEATH   March   9.	1967 YEAR IF UNDER 24 HRS.
	Male Negro WIDOWED DIVORCED Merch 9, 1967 yrs.	1 3 53
ermit. Then please re	auring most of working life, even if retired) INDUSTRY COU	IZEN OF WHAT
en pa	None Prederick Md. U.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	- D - P -
r rem	Reymond H enry Jones  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service)  Address	
permit Ion, o	No.	
by th nsit   emati	PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
arrending physician. I has been signed by the attend is as the burial-transit permit. I prior to burial, cremation, or re	DUE TO	
	Conditions, If any, which gave rise to Immediate but a cause (a) extend the DUE TO	
e as the	underlying cause last. (c)	
Health /	PART II. D'THER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
detached for use b Dept. of Health	PART II. D'THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    Description of the contribution of	<u> </u>
e Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While p.m. 19 at work at work at work	ty) (State)
e State D		_, that (I) (we) last
3 should with the S	saw the deceased alive on 3_9 19_67, and that death occurred 1228PM, from the causes and on the	date stated above.
5 8 5 E	M.D. ATTENDING MED. STAFF 220. DATE OF DIRECTOR PHYS. 3-	9-67
To FUNERAL DIR director, page should be filed	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
o FUNERA director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count REMOVAL (Specify)	ty) (State)
F	RELEKE TOISSATAL 3/7/67 FRENERICK MEMBELAL HOSPITAL FRENERICK FRENERICK	SIGNATURE
A15 (4) ( M 1/65	24. FUNERAL DIRECTOR  P. David Grunglah: ADDRESS MAR 1 4 1967 Pleases June	tge.
1/ 00	7-19	

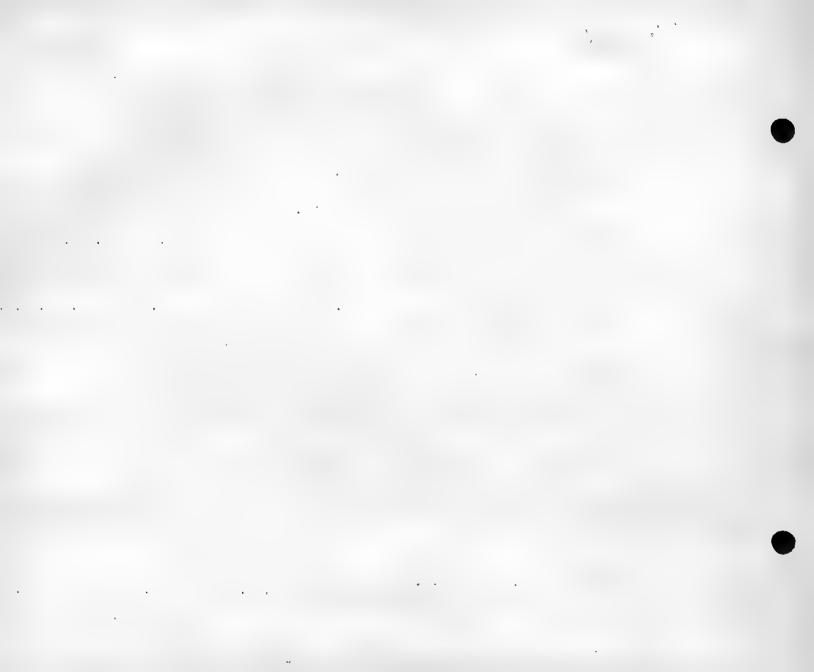
. 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03595 03601 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the attending physican and completely filled in by the funeral sit permit. Then please femave carbon papers. Pages I and nation, at remayal, and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Maryland Frederick Frederick MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 Frederick Thurmont 2 weeks rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS RD Frederick Memorial Hospital YES TO NO SE 3. NAME OF First DATE Year Lost Month Doy DECEASED OF DEATH March Kelly Anna 19 (Type or print) 9. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR S SEX B DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months T Dovs 2-24-1899 female white WIDOWED DIVORCED 1). BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR Home Maryland 14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME crematian, ar remayal, McClellan Wills Emma Zimmerman 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, prunknown) (If yes give wor or dotes of service) 7-05-632 Joseph W. Kelly Thurmont. Md. RD INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerres IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been shauld be detached for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) with the State Dept. of Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Not While factory, street, office bldg., etc.) ot work at work 15, 19 67, to March 1, 19 6) that (1) (we) last 21. I certify that (1) (this haspital)-attended the deceased fram\_\_\_\_ saw the deceased alive an Feb 28 19 67, and that death accurred at 6 00 M, fram causes and an the date stated above. 22b DATE SIGNED 22o. SIGNATURE MED. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 011 House Ave. 22c PHYS!CIAN'S 804 Frederick. Md. Austin Pearre Jr. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION. 23b. DATE THEREOF 3-L-67 Mt. Carmel Cemetery Thurmont 250. REC'D BY REGISTRAR Raymond Creager Thurmont.

MARYLAND STATE DEPARTMENT OF HEALTH



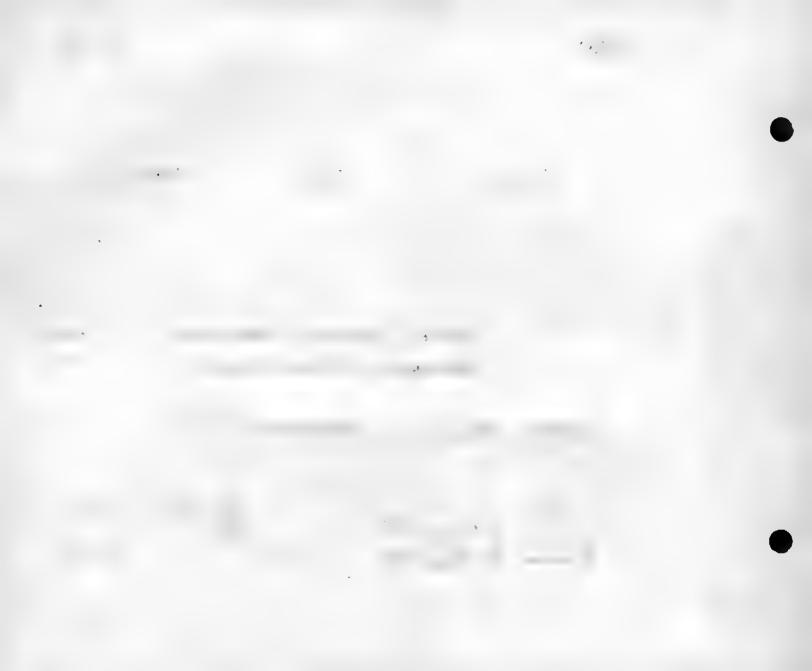
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03602 CERTIFICATE OF DEATH the attending physician and compostely filled in by the funeral sit permit. Then please remove about papers. Pages 1 and 2 nation, or remaval, and in any even, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Frederick a. COUNTY Frederick o. STATE Maryland MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, Frederick years d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 42 East Third Street 42 East Third Street NO X KEMP Last 3 NAME OF First 4 DATE Year TROXELL DECEASED CAROLINE ETHEL March 5. 67 (Type or print) DEATH 9 AGE (In years S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH plest birthday) Manths Hours White Female Sept. 13, 1889 WIDOWED XX DIVORCED 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT Toal LSJAL OCCUPATION (Give kind of work done during most of working life, even if retired) MBHABA GOUNTRY A Frederick County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Lohr Charles Peter Troxell 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attendir burial-transit permit. (Yes, no or unknown) (If yes give war or dates at service) Mr. Charles E. Kemp 202 W. 107th St. NY. N.Y. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO far use as the f Health prior to b stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19. WAS AUTOPSY PERFORMED? NO YES 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark nt work 21. I certify that (I) (this haspital) attended the deceased fram 1959, to Moralis, 1967, that (I) (we) last saw the deceased alive an March 5 1967, and that death accurred at 750AM, fram causes and an the date stated above 1959, to March 5, 1967, that (1) (we) last mage 3 should e filed with the 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S HENRY N. CHASE M.D. NAME (Type) Church Frederick director, should b 23d. LOCATION (City or Town) 23b DATE THEREOF 4-8-1967 23c. NAME OF CEMETERY OR CREMATORY (State) 23g BUR AL CREMATION. Bur 1 21 Mount Olivet Cemetery Frederick. Maryland 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Frederick. MarylandMAR Daifey G Son



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03603 CERTIFICATE OF DEATH funeral and 2 death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. CDUNTY b. COUNTY ompletely filled in by the fu-carbon papers. Pages 1 arent, within 72 hours after d Frederick Marvland Frederick 24 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Knoxville Frederick IS RESIDENCE DN A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Memorial Hospital NOX YES L attending physician and completely rmit. Then please femove carbon p., or removal, and to any event, within or removal, and to any event, within executed within Month Day Last 4. DATE 3. NAME OF First Middle DECEASED DF 6 ELIZABETH LERCH DEATH 19 CLARA (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH 5. SEX last birthday) Months | Days Hours WIDOWED DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY that the death certificate be Keedysville Maryland U.S.A. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Florence Hutzell David Hess Snyder 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ed by the attend transit permit. cremation, or re (Yes, no, or unkown) | (If yes give war or dates of service) David W.Lerch Oxon Hill Maryland none INTERVAL BETWEEN 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). burial-transit | burial, cremat ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO The law requires Conditions, if any, which (b). has been s as the bu prior to bu gave rise to immediate DUE TO cause (a), stating the underlying cause last. (0) WAS AUTDPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON DITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate CERTIFICATI NO-F YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this certifdetached for Dept. of F (County) (State) 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) MEDICAL 20d. INJURY OCCURRED 20c. TIME DF INJURY Month, Day, Year det factory, street, office bidg., etc.) DIRECTOR: After age 3 should be dilled with the State Hour a,m. While Not While at work at work 19 . 19. that (#-(we) last 21. I certify that AY (this hospital) attended the deceased from. and that death occurred at 127 M, from the causes and on the date stated above. 167 saw the deceased alive on 22b. DATE/SIGNED 22a. SIGNATURE pe ATTENDING director, page should be filled DIRECTOR M.D. TO HOSPITAL ( Page 4 may ADDRESS FUNERAL 22c. PHYSICIAN Pearre, Jr. M. House Ave.Frederick. A.Austin Τo NAME (Type) (State) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY DATE THEREDE BURIAL, CREMATION, Maryland Knoxville 2 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** / FUNERAL DIRECTOR Melanes Brunswick Md. 196 VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 03604 CERTIFICATE OF DEATH the funeral requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY **b** COUNTY Frederick Loudoun campletely filled in by the fur nave carban papers. Pages 1 iv event, within 72 haurs after MARYLAND b CITY OR TOWN (If autside carparate I mits, c CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give negress town) Lovettsville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Frederick Memorial Hospital YES NO 12 Middle NAME OF 4 DATE Year plaase remave carban DECEASED Leonora MARCH 19 67 (50LDIE // Type or print) DEATH and in any eyent, IF LINDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE In years 7 MARRIED NEVER MARRIED last birthday) Months Hours 5/5/1905 W. F WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of work no lite, even if retired) COUNTRY? A INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, William Wilson Nora Gift 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Lovettsville, Va. C. Harold Lewis none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p DASET AND DEATH PART | DEATH WAS CAUSED BY HEUTE THROMBOSIS IMMEDIATE CAUSE (a) attending physician. 4201 DUE TO GENERALIZED ARTERIOSCIEROSIS Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been use as the laith priar tal last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(a) DIABETES HELLITUS HYPERTENSION NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate Þ 20g ACC DENT WAS JNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year Hour a.m Not While factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from 19.67, and that death occurred at 200 M, fram couses and an the date stated above saw the deceased alive on. 22a. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR M.D. director, page shauld be filed 22c PHYSICIAN'S .Frederick. WD. vnolds. M.D. Re ouse Ave NAME (Type) 23g BURIAL CREMATION, (County) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify). Mountain View Cemetery Sharpsburg Marvland Marylando REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1	It	em 18 Film 387 4-13-67MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03595	}
HEALTH DEPT.		PLACE OF DEATH  COUNTY  MARY_AND  2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence be county)  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b)  c. CITY OR TOWN (If outside corporate limits, write RuRAL and give ne	1-1
ry del 2, and PM3.		Frederick  Etchison  13	5-2
form form to Dep		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Frederick Memorial Hospital  d. STREET ADDRESS	ON A FARM? YES NO X
hours ofter death If Jiny delay is litem 18. Give Pages 1, 2, and 3 office olong-with form PM3. Pages Inda2 with merstate Department of streeth		DECEASED (Type or pnnt) KHI EN' A" TA LYI'N DEATH MAN 3	Doy Year
5 7 9	2 ,	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years let under 1 years lost birthdoy) WIDOWED DIVORCED Start F 1 22 (1 lost birthdoy) yrs	
24 hours in Item 1 r's Office es 1and 2 siter death	10c dur	a JSJAL OCCUPAT ON (Give kind of work done IDB KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) INDUSTRY	N OF WHAT
within Spencil I	13	FATHERS NAME  14 MOTHERS MA DEN NAME  Clara Lynn	
g" in g col Ex mit. Fil		S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Address  Address	
INER: This certificate should be executed within 24 hours of the certificate, writing the word "pending" in pencil in Item 18 should be forworded to the Chief Medical Examiner's Office of files.  3 should be used as a burial-transit permit. File pages I and 2 within 72 hours offer death tian, or removal, and in any event within 72 hours offer death		18 CAUSE OF DEATH (Enter only one couse per tell, to the part I. DEATH WAS CAUSED BY Congestive heart failure  OH C DUE TO  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
This certificate should cote, writing the word be forworded to the Ch I be used as a burial-tra removal, and in any evices.		Conditions, fony, which gove nose to immediate couse (o), storing the underlying couse (c)  (c)  Acute viremia, probable  DUE TO	
This certificate, writing forward be used commonly common	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES
itner: Thi ne certificot should be files. 3 should be	L CERTIFICATION	206 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH  206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I) or from 18)	
EXAMINER: tute the cert oge 4 should oge 4 should ryour files. Page 3 should stematian, a	MEDICAL	20c TIME OF N, LRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)  20c TIME OF N, LRY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.)  4 (City ar town) (County foctory, street, office bldg, etc.)	) (Stote)
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o DEPUTY necessory, p the funeral S may be rea D FUNERAL Heoth prior	72.	NAME (Type) KOPERT J. THORPS Address (Street aty town, or county)	3/90/67
TO D nece the S m	1	Durkel 4/3/67 Bush Park., Cooksville. M	d.
VR A15ME (5)	2	Rockville, Md. 250 RECUBY REGISTRAR'S SIGNAL APR 5 1967 ACLIANCE	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE b. COUNTY Maryland Frederick Frederick death. MARYLAND and 3 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits. c LENGTH OF STAY IN 16 write RURAL and give neorest town).
Rural- Frederick ofter Lifetime Rural- Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? n pencil in Item 18 Give Pages 1, Examiner s Office along with form 72 hours Reute 7 Route 7 ate YES NO K 24 haurs after death 3 NAME OF Middle First Last 4 DATE Month Dov DECEASED Main March 67 John David (Type or print) DEATH With T S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED T 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) White Male Nov. 7-1900 WIDOWED D VORCED 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Farming INDUSTRY COUNTRY Maryland S. A. AUD 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie L. Jones William Franklin Main gug IS WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) or remayal. 219-12-1521 Mrs. Rlanche Lortz-Route 7- Frederick-Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH ASPHYXIATION \*\*Smoke IMMEDIATE CAUSE (o) This certificate should writing the ward burial, cremation, DUF TO Second & Third Degree Burns Conditions, if any which gave rise to immediate cause (a). DUE TO stating the underlying cause C GS 0 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 🔀 please execute the certificate. IRECTOR: Page 3 shauld be designated agent, priar ta 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [ ] or CONTRIBUTING [ Can of kerosene exploded while lighting fire CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Home factory, street, affice bidg , etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark Frederick Co. Maryland 19 67 at wark Inspection Inquiry . 21 I certify that I took charge of the remains described above, held an Autopsy , ond in my opinion death resulted from. Accident X, Suicide . Undetermined monner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTIVAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral TO DEPUTY 5 may be 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER X March 2-1967 **EXAMINER'S** Clifford B. Lull-Jr. Address (Street, city, tawn, or county) Frederick, Md. NAME (Type) the 230. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) March 5-1967 Rocky Springs Cemetery W. of Frederick, Md. 21701 Frederick, Md.21701 24 FUNERAL DIRECTOR K.R. Etchison & Son 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Melineles 6M 1/66



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, [		TAL OR INSTITUTION		II, give street address						
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ı	3. NAME OF DECEASED	Fire	si .	Middle		Lasi	4. DA		Ih D	
L	(Type or print)	ROY		EYLER	MI		SR. DE	March March	1	
1	5. SEX	6. COLOR OR RAC	7. MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In yeer last birthday)	Months Day	
	Male	White	WIDOWED	DIYORCED [	] Jul	y 20,	1897	69 yrs.	Woulds Day	
ľ	10e. USUAL OCCUPA	TION (Give kind of wo	rk 10b, KIND	OF BUSINESS OR IN				or foreign country	12. CITIZEN	
	Retire			Floor Ser	vice, I	nc. Wo	odsbore.	Marylan	l U.	
1	13. FATHER'S NAME						AIDEN NAME			
	Jehn	W. Miller				Am	anda Er	ler		
ŀ	15. WAS DECEASED E	VER IN U.S. ARMED FO	RCES?   16. SO	CIAL SECURITY NO.	17. INFO		manufacture til	Addre	15	
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l	3 Commen	y andersoo		myoca	where	onfa	ur, E	prophord	Receptance	
	PART II. OTH	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY OF	CCURRED. (En	ter natule of i	injury in Parl I of	Part II of item 18.)		
- 1		Y MEDICAL EXAMINER	1							
1	ZOc. TIME OF INJ	URY Month, Day, Y	while	URY OCCURRED   20	Oe. PLACE Of	FINJURY (Horaet, office bl	me, ferm, 20f.	(City or town)	(County)	
1	Hour a.m.	19	et work	at work						
1	21. I certify	that (I) (this hosp	oital) attended	d the deceased	from2	his contra	0., 19.6.7,	10.12	, 19.67	
		ased alive on	2 12	19.67, and	I that deat	h occurred	at 2 1/4 M	rom the causes	and on the o	
1	22a. SIGNATURE		¥	^	i					
	Los	mead	س س		M.D.	ATTENDING PHYS.	MED.  DIRECTOI	STAFF PHYS.	Marc	
		22c. PHYSICIAN'S 22d. ADDRESS								
1	NAME (Typ	e) Gilcin F	. Meader	s , M. D.		810 T	ell Hous	se Avenue,	Frederic	
	23a. BURIAL, CREMA	TION, 23b. DATE TH	EREOF   2	3c. NAME OF CEM	ETERY OR CI			LOCATION (City, I		
1	REMOVAL (Specif	March 1		Mount Oli	vet Cer	meterm	Fr	ederick.	Marvlan	
			et 31	BIOURIO VILL	11 11	. 10		EGISTRAR 25b. R		
П	24 FUNERAL DIRECTO	DR'S SIGNATURE	2111/8 20	ADDRESS	* HEKR	4 2	Sa, REC'D BY K	COISTRAK 43D. , K	lare	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03608 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND Voccarban papers. Pages event, within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
Frederick days Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street oddress) e IS RESIDENCE # STREET ADDRESS ON A FARM? Frederick Memorial Hospital 919 Shawnee Drive NO X 3 NAME OF Midd e 4 DATE remoyetcorban Lost Month and completely MORGANTHALL DECEASED PAUL CLEVELAND March 67 19 (Type or print) DEATH IF JNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) 731 Dovs Hours Male White 21,1893 June signed by the attending physician and coburial-transit permit. Then please xemos burial, crematian, or remaval, and in any WIDOWED DIVORCED 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 33 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working live even if retited)
Ret. Civil Engineer Civil Engineer Wavnesboro, Pennsylvania 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Martha L. Boggs Alexander Dallas Morganthall 17. INFORMANT Frederick. Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes po, or unknown) (If yes give wor or dotes of service) 215-09-8757 Mrs. Elsie L. Morganthall 919 Shawnee Drive IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse use as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES T 百 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item: 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Hour a.m. Not While 19 ot work at work 3-4-1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_ 1937 19 6 7, and that death occurred at 1/45M, from couses and an the date stated above. saw the deceosed alive on\_ 22a, SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR 3-4-1967  $\mathbb{Z}$ M.D. PHYS. 220 North Market Street, Frederick, Md 22c. PHYSICIAN S Rex R. Martin Dr. M.D. NAME (Type) BURIAL CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sto Waynesboro, Pennsylvania 23b. DATE THEREOF Green Hill Cemetery 347-1967 0 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Frederick. Maryland Dailey &



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03609 CERTIFICATE OF DEATH by the funeral papers. Pages 1 and 2 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence PLACE OF DEATH **b.** COUNTY o. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 16 (If outside corporate I mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town rate RURAL and give nearest town) BERTYTOWN IS RESIDENCE ON A FARM? the attending physicion and completely filled in sit permit. Then please remove corbany papers NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street oddress) d. STREET ADDRESS YES 🗔 NO NAME OF First Lost Doy Year. DECEASED DEATH removal, and in any event, AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ENTIV 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI Address permit. 18 CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Poge 4 moy be retoined by the hospital or attending physician. DUE TO buriol Conditions, if any, which gove rise to immediate couse (o). DUE TO for use as the l f Health prior to b stating the underlying couse hos been lost. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO YES O FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at 10:45/M, from causes and on the date stated above. should sow the deceosed olive on 22b. DATE SIGNED 22n SIGNATURE ATTENDING DIRECTOR M.D PHYS. 22d 22ć. PHYSICIAN'S ADDRESS NAME (Type) 6 director, g 23d. LOCATION (City or Town) **BURIAL CREMATION** 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) INNONVILLE 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03610 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick rcion and completely filled in by the fur leose remove carban popers. Poges 1 and in any eyent within 72 hours after MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. City OR TOWN (If outside carparate limits, write RURAL and give regrest town Frederick vears e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 800 East South Street 800 East South Street YES NO X 3. NAME OF First Middle 4. DATE Month DECEASED AUSTIN 1967 19 ODEN March 28, (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 5 past birthdoy) October 13. 1909 White Male WIDOWED DIVORCED 1Da JSUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? A Restaruanteur durans franchiste (Contrett) Maryland Frederick. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal. William E. Catherine R. Harrison 0den 17. INFORMANT 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yestina, ar Jinknawn) (If yes give war ar dates of service) Mrs. Sarah V. Oden 800 E. South St. Fred. Md. 212-14-7919 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse hos been os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use should be filed with the State Dept. of Health p ΓŠ YES NO TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg , etc.) **Not While** at wark at wark 21. I certify that (1) (this haspital) attended the deceased from Juntary 1966, to 101 Mr K 28 1961, that (1) (we) last saw the deceased alive an march 28,19 (2), and that death accurred at 1 20M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 3-28-1967 DIRECTOR M.D. PHYS 22d, ADDRESS 228 N. 22c PHYSICIAN S LeRdy T. Davis M.D. Market St. Frederick, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION DATE THEREOF (County) (Stote) Frederick, Maryland Frederick Memorial Park 25b, REGISTRAR S SIGNATURE Frederick, Maryland MAK REGISTRAR VR A15 (4) haven Daile 20 M 1/66

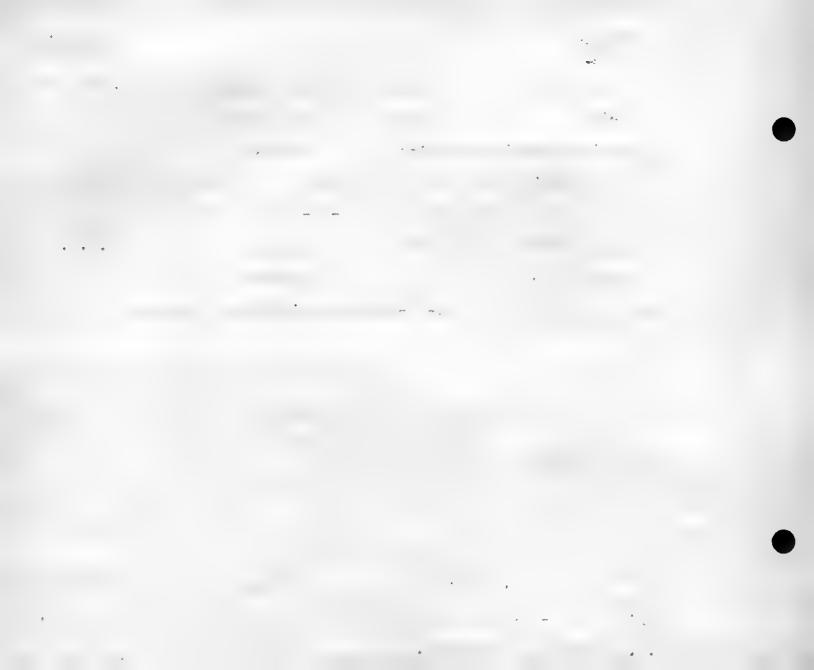


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03611 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY REDERICK MARYLAND LOUDOUN papers Pages 1 nin 72 hours after The law requires that the death certificate be executed within 24 hours after signed by the attending physician and completely filled in by the f buriol-transit permit. Then please remove carbon papers Pages b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) LOVETTSVILLE EDERICK d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? YES NOW MEMORIAL HOSP LOVE TTSVILLE DATE OF DEATH 3. NAME OF Middle First LOST Day Year DECEASED 1960 (Type or print) IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Doys Haurs WIDOWED DIVORCED and in ony 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT-ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? **ENDUSTRY** ETIRED MAIL CARRIER VIRGINIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, BERTIE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LOUFTTSVILLE (Yes, no, or unknown) (If yes give wor or dates of service POTTERFIELD VIRGINIA burial, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line jdr (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physicion.

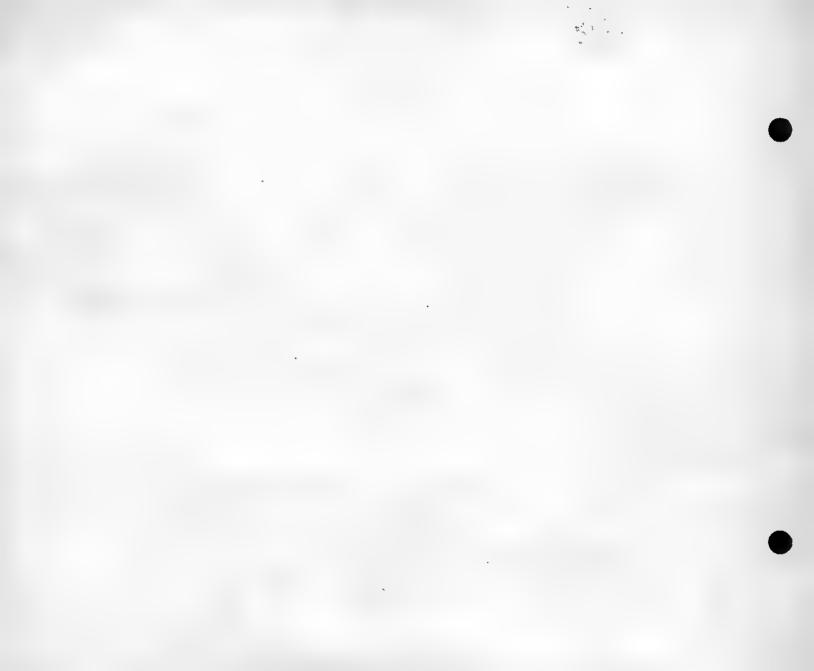
• FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Cand trons, if any, which gave rise to immediate couse (a). r this certificate has been si detached for use os the b te Dept. of Health prior to b DUF TO stoting the underlying couse last WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED N 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. While Nat White factory, street, office bldg . etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram there 1966, to March 13 1967, that (1) (we) lost 19 6 and that death accurred at 62 P.M. fram causes and an the date stated above. saw the deceased alive an M 22b. DATE SIGNED 220 SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) LOUDOUN UNION CEMETERY LOUETTSVILL BURIAL 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03613 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sist permit. Then please remove carbon popers. Pages 1 and 3 nation, or removal, and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE 6. COUNTY b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) MARY: AND Maryland Frederic
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c LENGTH OF STAY IN 16 1 day Rural (Doubs Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS NO X YES 🗍 Frederick Memorial Hospital Doubs Md 3. NAME OF DECEASED Middle 4. DATE Day Year Month (Type or print) Harriet Ann Offord Procter DEATH March AGE ( n years lost birthdoy) IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys Hours DIVORCED Famale Negro
100 USUA, OCCUPATION (Give kind of work done -30-1891 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick Md
14. MOTHER'S MAIDEN NAME II.S Canning Factory **建筑器装装装装** burial, cremotion, or removol Richard Offord Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes no, or unknown) (If yes give war or dates at service) Goldie Wilson Doubs Md No 219-07-1876\_ **非法法法** INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c)) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician (O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tros should be filed with the State Dept. of Health prior to burial, creating the state of the DUE TO Conditions, if any, which gove rise to immediate cause (a). DUF TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg. etc.) Hour a.m. Not While ot werk ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1966. ta 3/27, 1967, that (1) (we) last 1965, and that death occurred at 1124 M, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** X M.D. PHYS. 22d. ADDRESS PHYSICIAN'S Proffessional Bldg Frederick, Md NAME (Type) James B. Thomas 230 BURIAL; CREMATION,
BURIAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Point of Rocks Fred.Md Point Of Rocks 3-30-67 25b. REGISTRAR S. SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.E. Hicks, 111 Frederick, Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03614 03608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY o STATE Maryland b COUNTY Frederick Frederick MARYLAND b CITY OR TOWN ( f autside carparate limits c LENGTH OF STAY N lb c CITY OR TOWN (if autside carparate in ts, write RURAL and give nearest tawn) Braddock Helghts Braddock Heights Years d NAME OF HOSPITAL OR INSTITUTION ( finat in haspital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? with form Jefferson Blvd. Jefferson Blvd. pending" in pench in Item 18 Give Poges YES NO X Th's certificate should be executed within 24 hours ofter death 3 NAME OF First Middle Tast 4 DATE Month Day DECEASED March 23, CARLTON REMSBERG, JR. GEORGE DEATH the Chief Medical Examiner's Office alang 9 AGE ( n years last b rthday) F UNDER 1 YEAR 5 SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B DATE OF BIRTH Manths White W DOWED DIVORCED 10a USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT Frederick Co. Md. Schools School Teacher 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Daisy Hopwood George C. Remsberg Address Braddock Hts. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, np. or unknown) (If yes give, wor or dates of service) 219-36-4091 Mrs. Doris D. Remsberg, NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c) ARREST ONSET AND DEATH PART I DEATH WAS CAUSED BY and in ony event IMMEDIATE CAUSE (a) writing the word DUE TO OCCLUSION Conditions, Lany which gave nse to immediate cause (a), DUE TO stating the underlying cause HYDERTENSIVE ARTERIOSCLEROTIC HEART WAL AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removal, NO X 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nitry in Part I at Port I of item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH ਤ 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form (City or town) (Stote) foctory, street, office bldg., etc.) at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspect on X. Inquiry , and in my apinion Natural causes X . Accident . death resulted fram Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22 DATE SIGNED Robert NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 235 DATE THEREOF 230 BUR AL, CREMATION. (County) 0 Middletown, Fred.Co.Md. Reformed Cemetery, 3/26/67 24 FUNERAL DIRECTOR Company, Middletown, Maryland,



· 1	MARYLAND STATE DEPARTMENT OF HEALTH  OBJUSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03600
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY  b. COUNTY
800 E4	MARYLAND MARYLAND Frederick
rtme deat	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Rural— New Market  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Rural— New Market
after after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
delay nd 3 to Page State I hours a	ON A FARM? YES NO 🔀
dela and 3. F	3. NAME OF First Middle Last   4. DATE Month Day Year
any c 2, al PM3, PM3, the	(Type or print) James Henley Robertson Death March 23- 19 67
rs after death, 1f 18. Give Pages 1 along with form ages 1 and 2 with an any event within	Male White Works To 1908 last Birthday) Months Days Hours Min.
hours after death. lem 18. Give Pages ice along with former pages 1 and 2 with in any event with	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
fter Give g w ng w ny ev	Laborer Maryland U.S.A.
	13. FATHER'S NAME
24 houn ltern Office File p	David Mack Robertson Bessie Virginia Henley  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
2 0 0	(Yes, no, or unknown) (If yes plive war or dates of service) No. No. Bertha S. Robertson- New Market, Md.
pencil in pencil in miner's C permit, removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), d
ited within in pencil if the control is the control is the control of the control is the control in the control is the control in the control	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH  IMMEDIATE CAUSE (a) Congestive dead tolline ONSET AND DEATH
ild be executed "in "pending" in if Medical Exar is burial-transit cremation, or in cremation, or in the cremation in the cre	DUE TO C
be e pend Medi urial	Conditions, if any, which (b) (b) (b) (comment of Exposure The cycle)
ould in a b	cause (a), stating the DUE TO underlying cause last. (c)
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ifficate to the to the used	YES X NO
certifing in the certification of the certification	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED?  YES NO PRIMARY BY OF CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CAUSE OF DEATH.
R. This cate, writenware forware 3 should agent, p	
MER. fication for the formal of age d	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) V (County) (State)  Hour a.m. P.m. Chur, 19 67 lat work of et work & Harman Author of Traderick - Ned.
EXAMINER e certification de fe certification d	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
EXAMINE the certific 4 should be in files. CTOR: Page designated	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
7 × 5 × 5	DEPUTY MEDICAL EXAMINER
D DEPUTY N please exec director. Pr retained for 0 FUNERAL of Health o	NAME (Type) Address (Street, City, town, or county)
Despies direction of P	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL Specify) 3- 27-1967 Damascus Cemetery Damascus, Md. 20750
2	24. FUNERAL DIRECTOR ADDRESS ME INNER   250. REGISTRAR'S SIGNATURE
VR AISME (5)	M.R. Etchison & Son Frederick, Md.   MAR 27 1967   Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03616 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) filled in by the funeral photograph propers. Pages 1 photographs. o. COUNTY ... o. STATE b. COUNTY MARY! AND c CITY OR TOWN Alf outside corporate limits, write RURAL and give nearest town b CITY OR TOWN (If outside corporate limits. E LENGTH OF STAY IN 16 write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Carroll NO I YES NAME OF Middle 4. DATE Year First Lost Day physician and completely DECEASED O de 19 6 DEATH (Type or print) 5 SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED please remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED and in any KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10h 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER S NAM or remayal, 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO far use as the b f Health priar ta b stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 🗀 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CALSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year Hour o.m Not While foctory, street, office bldg , etc.) at work of work 21 | certify that (1) (this hospital) attended the deceased fram Sect 12, 1954, to Man 5, 1967, that (1) (we) last 1967, and that death accurred at 18 24 M, from causes and on the date stated above sow the deceased alive on lands 5 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. director, page 3 shauld be filed v 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 230 BURIAL CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify). RECID BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COLMET Pederick b. COUNTY o STATE ď Carvland Frederick death MARYLAND Department b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) C LENGTH OF STAY IN To c CITY OR TOWN (If guts de carparate limits, write RURAL and a ve negrest tawn) and haurs after Frederick Hour Rural-Union ridge d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d STREET ADDRESS IS RESIDENCE Office alang with farm ON A FARM? Frederick Tenorial Hospital YES NO K in Item 18. Give Pages haurs after death 3. NAME OF Middle 4 DATE First Lost Manth Day Year DECEASED W. GECRGE Frech 19 (Type or print) DEATH at within S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 1ast birthday) White 11116 Feb. WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT eVe COUNTRY? during most of working life, even if retired) INDUSTRY Frederick Co., ild. gny Retired-Farmer d "pending" in pencil in Chief Medical Examiner's 13. FATHER S NAME 14. MOTHER 5 MAIDEN NAME certificate should be executed within pencil = William E. Snyder Minerva Rippeon pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address or remayal. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Clive E. Snyder Same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: HEART FAILURE +MMEDIATE CAUSE fol writing the ward crematian, DUE TO farwarded ta the Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause last. burial, a 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(g) NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part it of item 18) agent, priar shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH (Caunty) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or town) (State) foctory, street, office bldq., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: Page al wark al work designated 21 I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry [ and in my apinian Natural causes Suicide Homicide Undetermined manner death resulted fram: Accident the funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health or it O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Thomas, M.D. Robert Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) Prospect Cenetery Prederick REC'D BY REG STRAF ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5 Waltz Sylvesville. Md.





10	=	MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS,	ARTMENT OF HEALTH	IMORE 1. MARYLAND
년 187년 -	_ {	3619 CERTIFICATE	OF DEATH	03613
death.	1.	PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, a. STATE l'aryland b.	If institution: Residence before admission COUNTY Frederick
S. Pages hours aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1D  LO years	c. CITY OR TOWN (if outside corporate limit	s, write RURAL and give nearest town
filled in 72		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Nontevue	d. STREET ADDRESS  PASTAGNY / BE/ N.ON	0. IS RESIDENC ON A FARM? YES ☑ NO ☐
- ₹iget Fi		(.) pv - v - printy	tephens 4. DATE OF DEATH	Month Day Year 7
and comple		Female White WIDOWED DIVORCED	DATE OF BIRTH  3/28/II  9. AGE (in your last birth)	day) Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   INDUSTRY   INDUSTRY	II. BIRTHPLACE (County & State, or foreign or Maryland	Duntry) 12. CITIZEN OF WHAT U.S. A.
certificat iding ph) Then p removal,		Ambrose Brashears	14. MOTHER'S MAIDEN NAME Bessie M.Slifer	
eath certi attending ermit, Th on, or rem	15. (Ye		rs.John Hitt, Alexand	dria Virginia
The law requires that the death certificate be or attending physician. eate has been signed by the attending physician ruse as the burial-transit permit. Then please eaith prior to burial, cremation, or removal, and it		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	runbosis	INTERVAL BETWEEN ONSET AND DEATH
requires that ding physician been signed the burial-tra		Conditions, if any, which gave rise to immediate	druin 10	
law requi	N.	cause (a), stating the DUE TO Underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	Mellus	NIN PART 1(8) 119. WAS AUTOPSY
PHYSICIAN: the hospital this certific detached for	CERTIFICATION			YES NO
		OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACI   Hour a.m.   While   at work   A	E OF INJURY (Home, farm, 20f. (City or tow y, street, office bidg., etc.)	(County) (State)
ained ained DR: A could the		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that	death occurred atM, from the cau	that (I) (we) lasses and on the date stated above
y be y be DIRI		22a. SIGNATURE  SUMMENT THEMAS M.D.	ATTENDING MED. STAFF	22b. DATE SIGNED
TO HOSPITAL ( Page 4 may TO FUNERAL D director, pag should be file		22c. PHYSICIAN'S BERNARD C. THOMAS, ST	R. IVI. D. FREDERIC	+ MD.
TO HOS Page TO FUN direct should	23a	Burial MIOXVIIIE CO		o ina jamin
VR A15 (4)	24	sele Fineral Hame Brunswick Mar		Charles Judge



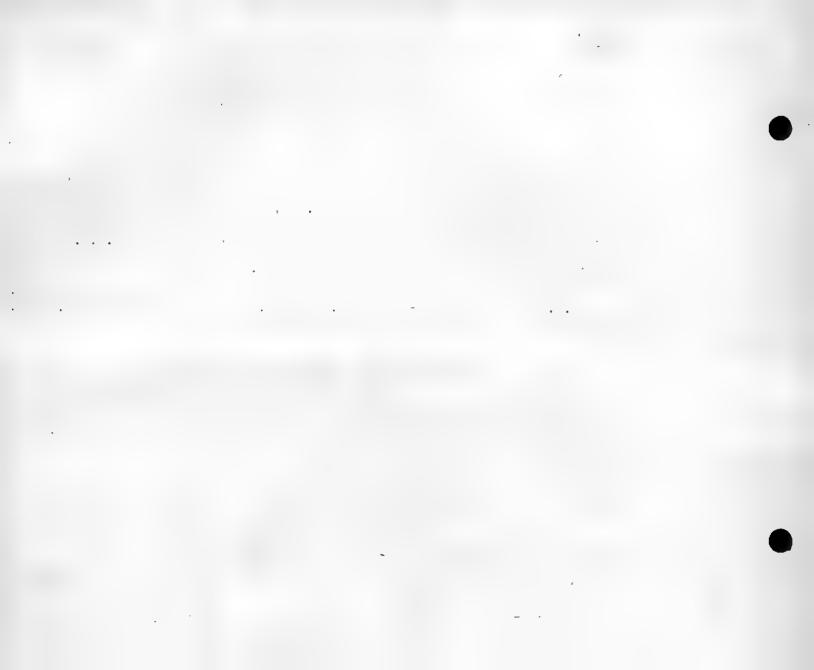
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03620 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY remave carban papers Pages 1 n any event within 72 haurs after MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) IS RES DENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO V NAME OF First 4. DATE event, wert Doy Year DECEASED OF DEATH HARCH 1967 (Type or print) SEX 9. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER-MARRIED iost birthday) Months Doys Hours Negro and in any WIDOWED DIVORCED 100 JSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? George Co-M Domestic INCC. 13. FATHERS NAME 14. MOTHER S MAIDEN NAME cremation, ar remayal. YA WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH SySTEMIE RY THEM H TOSUS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES ğ 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) director, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year (County) Hour o.m. Not While foctory, street, office bldg., etc.) While of work ot work 21. I certify that (1) (this haspital), attended the deceased fram and that death accurred at 9 % M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS ADDRESS 22d 22c PHYSICIAN S NAME (Type) Toll House Ave Reynolds Frederick Md Richard 804 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) St. Johns Catholic
ADDRESS Frederick 3-7-1967 Fred 250. REC'D BY REGISTRAR 19675b. REGISTRARS SICHATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frederick, Md C.E. Hicks, 111



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03615 requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Frederick o. COUNTY b. COUNTY Maryland Frederick MARY: AND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Rural Frederick days the attending physician and completely fitted in by sit permit. Then please remove carban papers P d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Frederick Memorial Hospital Thurston Road Route # 2 NO X NAME OF 4 DATE First Month Doy THOMAS Year MARY LOUISE DECEASED 67 March 6. 19 (Type or print) DEATH 9 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS. S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost pirthdoy) Hours Female. White March 25, 1882 WIDOWED X DIVORCED 12 CITIZEN OF WHAT 10e LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) duriff (mer college Regarde, even if retired) BUNSRY A NDUSTRY Lake George. New York 14. MOTHER S MAIDEN NAME 13 FATHER'S NAME crematian, or remayal Mary Louise John J. Mulligan 17 INFORMANT 16 SOCIAL SECURITY NO (Yes no orunknown) 141-28-2772A Mrs. Mrs. Mary L. Dakin Rt.# 2 Frederick, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** signed Conditions, if any, which gove nse to immediate couse (a), DUE TO stating the underlying couse as the priar to b this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO K 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour om Not While ot work O FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (1) (this-hospital) attended the deceased fram. 1942/- 10 19 E/, that (I) (we) last 19 and that death occurred at A M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE M.D DIRECTOR director, page 3 should be filed v PHYS 22d ADDRESS 700 Montclaire Avenue Frederick, Md. NAME (Type) Dr. Robert S. Hughes M.D. directar, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Hackensack. New Jersev BIREMOVAL (Specify) St. Joseph's Cemetery 3-9-1967 ADDRESS 250, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORS VR A15 (4) 20 M 1/66 Frederick. Maryland Robert Dailev



4 1	Item 18 film 387 4-13-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOX STATE	93622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03616	
HEALTH DEPT.	1 PLACE OF DEATH o COUNTY Frederick    2 USUAL RESIDENCE (Where deceased lived, funstription Residence bettle adm o STATE   Maryland   STATE   Maryland   Frederick	ζ.
f or, y delay is 1, 2, and 3 to rm PM3 Page Department of	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town write RURAL and give nearest town)  C CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Frederick  C TY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Frederick	vn)
Rate Dep	Route # 40 (massets moter)	RESIDENCE A FARM?
D & G	3 NAME OF DECEASED (Type or print)  JOHN  GOODMAN  TOMLIN  4 DATE Month Day 14,	Year 19 67
ors after 18 Gi ce alanç 12 with	Male White WIDOWED D DYORCED X Oct. 27, 1927 391 birthdoy) Months Doys Ho	JNDER 24 HRS ours Min
id be executed within 24 haurs of "pending" in penci in Item 18 Ch ef Medical Examiner's Office of transit permit file pages land 2 veent within 72 hours after death	100 USJAL OCCUPATION (G ve kind of work done duplo and store None None None None None None None Non	AT
within 24 in pencil in Examiner's File pages 2 hours after	13. FATHER'S NAME Lewis Daniel Tomlin  14. MOTHER'S MA DEN NAME Phoebe M. Ervebenrock	
executed anding" in Medical E permit & within 72	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 216-22-9262	Fred. Md.
		L BETWEEN IND DEATH
shauld be e ne ward "per a the Ch ef i bural-transit	Conditions, if ony, which gove ) (b) Probable synergism between alcohol	
ficate string the rided to as a b and in	rise to immediate couse (a). stoting the underlying couse lost.  DUE TO and sedatives	
This certificate shauld cate, writing the ward be farwarded to the Cibe used as a bural-tremoval, and in any ev	PART II OTHER SIGN.FICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(0)  PERF YES  YES	AUTOPSY FORMED?
INER: This certificate shauld to evertificate, writing the ward should be farwarded to the Chifiles.  3 should be used as a burial-transian, or removal, and in any ever	PERF YES D  20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Fiar Port II of item 18)	
EDICAL EXAMINER: ase execute the cert rector. Page 4 should sined for your files. RECTOR: Page 3 should burial, cremation, co	20c T ME OF INJURY Month, Day Year 20d NJURY OCCURRED 20e PLACE OF Ith, URY (Hame, farm factory, street, office bldg, etc.)  While of work of work	(State)
MEDICAL EXAMI please execute th director. Page 4 retained for your DIRECTOR: Page 6	21   certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in a death resulted from, Natural causes, Accident, Suicide, Ham cide, Undetermined manner	my apın <del>i</del> or
MEDIA please direction retainer DIREC	ACTUAL SIGNATURE Color ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER (1) 22. D	DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: This certineessary, please execute the certificate, writh the funeral director. Page 4 shauld be farwa 5 may be retained far yaur files.  TO FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, crematian, or removal.	EXAMINER'S ROBERT 5. THOMAS, M.D. DEPUTY MEDICAL EXAMINER & 3-14	4-67
To Figure 10 D		(Stote)
VR A 15ME (5)	24 TOLERAL DEPTOR 250 RECD BY REGISTRAR 250 PHONIFRAR'S ALGMAN RE-	ge.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick, Maryland Frederick Hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Route # YES NO K withi carbon NAME DE 3. Middle Last 4. DATE Month Day Year DECEASED (Type or print) RUSSELL SAMUEL TRECONING DEATH March 1967 10 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS executed 7. MARRIED NEVER MARRIED remove last birthday) | Months | Days Hours any WIDOWED [ DIVORCED T Male White Nevember 3.1907 Ē 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U. S. A. during most of working life, even if retired) F. Kline, Inc. New Lenden, Frederick, Md Machine operator death certificate physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lg br William P. Tregoning Ethel Haifleigh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ed by the attend transit permit. cremation, or 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) ((If yes give war or dates of service) No Mrs. Irene Tregoning(Same as item # INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. ELLIBRENT MTOCORDIAL IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, If any, which June .. gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? YES T NO To 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of Item 18.) etached 1 Dept. of MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING I After at work at work 2 21. I certify that (I) (this hospital) attended the deceased from 1000 5 . to Incolo \_, that (I) (we) last and that death occurred at 32M. from the causes and on the date stated above. saw the deceased alive on Mark 22a. SIGNATURE 22b. DATE SIGNED page MED. ATTENDING 67 20 dd on [0] M.D. PHYS PHYS. Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS 22¢. director, p should be 1 NAME (Type) G.F.MEADORS TOLLHOUSE AVE FREDERICK MIC BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. (State) REMOVAL (Specify) Frederick.Maryland Burial 13,1967 Mount Olivet Cemetery REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25a. ADDRESS M. R. Etchison & Son, Frederick, Maryland VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE Maryland b. COUNTY Frederick hours after **MARYLAND** b. CITY OR TOWN (If outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Mt. Airy Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM3 121 Prospect Rd. Frederick Mem. Hospital NOT within NAME DE Middia Last DATE Month Day DECEASED 1967 comple ve cart event; Caroleen V. Warfield March 6 (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. гелточе 8. DATE OF BIRTH 9. any April 13. Female White WIDOWED | DIVORCED [ Ξ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) ician 12. CITIZEN DF WHAT മ death certificate be during most of working life, even If retired) INDUSTRY and COUNTRY? Burkettsville. Md. Electronics IISA Assembler Phyllic In ples removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eileen Travis Robert Olden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) I (If yes give war or dates of service) 213-24-8661 William C. Warfield. Item 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).], burial-transit burial, cremat INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which meen s gave rise to Immediate 다 DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? hypohalimon YES T NO PHYSICIAN: 1 the hospital 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work 21. I certify that (!) (this hospital) attended the deceased from to\_ that (I) (we) last DIRECTO and that death occurred at 10 50 M. from the causes and on the date stated above. G saw the deceased alive on 19 3 sho 22b. DAJÉ SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. pa O HOSPITAL 22d, ADDRESS 804 Toll House Ave. Frederick, Md. 32 PHYSICIAN'S director, p NAME (Type) Pearre, Austin Jr. 23a. BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Florence, Md. Burial 3/9/67 Jennings Chapel 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 196 Olin L. Molesworth, Damascus, Md. VR A15 (4) 20M



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 318 South Jefferson Street 318 South Jefferson Street State YES NO 3 3. NAME OF Middle DECEASED MARY FRANCES WILES 12. (Type or print) March 19 67 DEATH 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED ive Pages 1, 2, and 1 PM3, Page 5 may E S. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. lest birthday) Months Days White Female WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frederick County, Maryland None Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lester H. Rippeon Annie Mary Crum IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give were detes of service) Mr. Harlan A. Wiles 318 S. Jefferson St. Fred. Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause endio vascular alielus DUE TO (a), stating the underlying ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTORSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? NO K should 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) Not While fectory, street, office bldg., etc.) While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for March 12. 1967 DEPUTY MEDICAL EXAMINER X EXAMINER'S r. Robert J. Thomas M.D. Frederick. Maryland NAME (Type) Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 226. DATE THEREOF 22a. BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) (Stete) BULLIA (Specify) 3-15-1967 Frederick, Maryland Mount Olivet Cemeterv 240 p ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23\_FUNERAL DIRECTOR VS. A15ME Frederick, Maryland MAK

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03626 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . COUNTY Frederick rederick tely filled in by the function papers. Pages 1 c., within 72 haurs after d Maryland MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Years Rural-New Windsor Rural-lew Windsor e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS R. D. 2 R. D. YES NO TO NAME OF Middle remove corbon 4. DATE Last Month Year DECEASED DAVID WRIGHT 1967 March event. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last\_birthday) Months Days Haurs White Male Nov. and in any WIDOWED DIVORCED ond 10g/ USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) physicion c eose COUNTRY? INDIISTRY Frederick Co., Carpenter 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, crematian, or removal, attending phys John D. Wright Joanna E. Bidinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. None 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p arteriardentis ONSET AND DEATH IMMEDIATE CAUSE (o) \_\_\_ Page 4 may be retained by the hospital or ottending physician. DHF TO Canditians, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause os the prior to this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe YES -NO ٥ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) Hour o.m. factory, street, office bldg., etc.) Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 3/22/47.19 3/2 9 , 1962, that (1) (we) tas should be filed with the 3/27 1967, and that death accurred at 6 PM, fram causes and an the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) New Windsor, Md Robertson 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify) Prospect Cemetery Frederick Co 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Sykesville, Md. Waltz Box 241

